



Arnprior-Braeside-McNab Seniors At Home Program Inc.

STUDENT VOLUNTEER APPLICATION FORM / SERVICE ARRANGEMENT WORKER APPLICATION

Office: 613-623-7981

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Towne Centre Unit A1 106 McGonigal Street West

Arnprior, ON K7S 1M4

www.cssagency.ca

Student Volunteer / Service Arrangement Identification

First Name: _____ Last Name: _____

Address: _____ City/Town: _____

Phone: _____ Cell: _____

Postal Code: _____ Email: _____

Emergency Contact: _____

Have you ever volunteered before? ☐ Yes ☐ No If yes, please describe where & when:

Why do you want to volunteer for Arnprior-Braeside-McNab Seniors At Home Program Inc.?

Availability: ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Saturday ☐ Sunday
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

References:

Please List Three (3) References who are not related to you by Blood or Marriage and who can verify your past volunteer / work experience:

Name/Relationship	Phone	Email Address

Authorization for Collection of Personal Information:

I authorize Arnprior-Braeside-McNab Seniors At Home Program Inc. to collect personal information appropriate to the position applied for concerning my employment history as well as any volunteer experience and to verify the character references I have supplied. I understand that the information obtained will be confidential. I hereby certify that the above information is true to the best of my knowledge. I agree to keep Arnprior-Braeside-McNab Seniors At Home Program Inc. informed if any of the above information changes at any time. I understand that any willful falsification of information may result in termination of my volunteer or service arrangement assignment.

Volunteer Statement of Confidentiality

I agree to hold as confidential and will not disclose or release to any person or agency at any time, except where required by law, any information or document that tends to identify anyone receiving services from Arnprior-Braeside-McNab Seniors At Home Program Inc. without the written consent of the individual or their guardian prior to the release of disclosure of information or documents. I understand that a breach of client confidentiality may result in my being removed from my volunteer/home maintenance position.

Liability Release:

In consideration of all Community Support Services provided by Arnprior-Braeside-McNab Seniors At Home Program Inc., I for myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge Arnprior-Braeside-McNab Seniors At Home Program, employees, board of directors and volunteers from all claims, demands, damages, costs in respect to injury, death, loss or damage to my person or property, however caused arising out of services provided by Arnprior-Braeside-McNab Seniors At Home Program Inc. and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I acknowledge having read, understood and agreed to the above statements within this document.

Applicants Signature:

Date:

Parental consent if applicant under 18:

Date:

We thank you for your interest in our Community Support Agency and for your application.

Our Philosophy

The concept of maintaining quality of life is key to Home Support. The aim is to enable those who are served to maintain maximum independence, hence enhancing their ability to live independently in their own homes for as long as possible. Their own home is a place of comfort and security, an expression of their personalities, a place of memories, a reassurance as to their place in the world and becomes a crucial aspect in continuing their quality of life.

How did you hear about us: Radio/newspaper _____ Poster _____ Word of Mouth _____

Newsletter _____ Friend _____ Social Media _____ Website _____ Other _____