

# Arnprior-Braeside-McNab Seniors At Home Program Inc.



## VOLUNTEER APPLICATION FORM / Service Arrangement Worker APPLICATION

Office: 613-623-7981 Fax: 613-623-8927  
Towne Centre Unit A1 106 McGonigal Street West  
Arnprior, ON K7S 1M4  
www.cssagency.ca

### 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

Do you have any medical condition that would prevent you from assisting seniors, lifting of or carrying groceries, walkers etc.?    Yes    No

\_\_\_\_\_

Are You Presently Employed?    Yes    No

**To be completed if applying for Volunteer Positions:**

*Please review the list below and indicate which of the following activities you may be interested in providing as a volunteer service to ABMSHP clients (choose one or more):*

- |                     |                           |                         |
|---------------------|---------------------------|-------------------------|
| Volunteer Driving   | Meals on Wheels Volunteer | Musical Entertainer     |
| Office Receptionist | Foot Clinic Receptionist  | Income Tax Receptionist |
| Special Events      | Telephone Security        | Income Tax Preparers    |
| Board Governance    | Committee Work            |                         |
| Friendly Visitor    | Volunteer Driving In Town |                         |

**To be completed ONLY if applying for Volunteer Driving:**

Vehicle Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

2 Door      4 Door      Van      Air Conditioning

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Driving Experience: \_\_\_\_\_ (in years)

Accidents / Moving Violations in the past 3 Years:      Yes      No

**To be completed if applying for Home Maintenance Service Arrangement Worker:**

*Please review the list below and indicate which of the following services you are interested in providing as a Service Arrangement Worker for ABMSHP clients (choose one or more):*

- |                   |                              |
|-------------------|------------------------------|
| Lawn Cutting      | House Cleaning               |
| Painting          | Gardening/Weeding            |
| Raking Leaves     | Window Cleaning              |
| Carpentry/Repairs | Laundry                      |
| Snow Shoveling    | Other (please specify) _____ |

\*Please refer to Service arrangement worker release form

Employment History (Past Five (5) Years)

Employer	Location	Start	Finish

**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	Phone	Relationship

I hereby certify that the foregoing information is true and complete to the best of my knowledge. I understand that a false or misleading statement may disqualify me from this position, or cause my dismissal. I also understand that only those who are selected for the short list will be contacted for an interview.

**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 or disclosure of information or documents. I understand that a breach of client confidentiality may result in my being removed from my volunteer / Service Arrangement Worker position.



***The apprehension of the below information is requested for the safety of the vulnerable clientele we provide services to:***

I understand that prior to accepting a position as a Volunteer / Service Arrangement Worker with Arnprior-Braeside-McNab Seniors At Home Program Inc. as the applicant, upon request, I will provide a Criminal Police Record including Consent for a criminal record check for a sexual offence for which a pardon has been granted or issued and contact made with the Ontario Provincial Police under the Mental Health Act. This search must be completed your local Detachment of the Ontario Provincial Police. Failure to provide this document will eliminate future processing of this application.

**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.

**Notice and Consent:**

Keeping Your Personal Information Private is Important to Us.

Arnprior-Braeside-McNab Seniors At Home Program Inc., is partially funded by the Ontario Ministry of Health and Long Term Care and is required to collect your Date of Birth and OHIP Number. We collect this information and share it only the Ontario Ministry of Health and Long Term Care.

I acknowledge having read, understood and agreed to the above waiver.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

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

We believe that the client’s home is a special place that meets their needs of security, individuality and personal comfort and therefore through our Programs we wish to assist each client to stay at “home” for as long as they desire

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

Newsletter \_\_\_\_\_ Friend \_\_\_\_\_

**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 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 CONTINUED QUALITY OF LIFE.

## Working Together For A Better Community

### UNDERSTANDING AND AGREEMENT RESPECTING CONFIDENTIALITY



Be Sure to Sign Your  
Confidentiality Agreement

I, \_\_\_\_\_, understand that the information and documents  
(Print name)

with which I will be working as a volunteer / Service Arrangement Worker for Arnprior-Braeside-McNab Seniors At Home Program Inc. are confidential.

I promise and agree not to disclose or give to any person information or documents that may come to my knowledge or into my possession in the course of providing services, except, as I may be legally required.

#### FOR OFFICE USE ONLY

Received by: _____	Date Received: _____
Date of acceptance: _____	
Criminal Record Check received? _____	
Confidentiality signed? _____	
Service Arrangement Worker Release signed? _____ (for Service Arrangement Worker)	
Driver's License provided? _____ (for volunteer driver)	
Proof of Insurance provided? _____ (for volunteer driver)	
Drivers Abstract completed? _____ (for volunteer driver)	