



**The United Church Home
For Senior Citizens, Inc.**

Drew Nursing Home

Tantramar Residences

Activity Department
activity@drewnursinghome.ca
364-4920 ext. 4902

Volunteer Application

You are required, as a volunteer, to provide the home with a current criminal record check.

Contact Information

Name: _____
Last Name First Name Initial

Address: _____
Street No./Box City Province

Postal Code _____ Phone Number _____

E-mail _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

All About You

Special Skills: (Hobbies, languages, ect.)

Past Volunteer Experience:

Past experience with the elderly:

Area of Volunteer Interest

	YES	NO	SUGGESTIONS
One-to-one visiting			
Special programs			
Indirect involvement			
Other			

Time of Availability

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

How frequently are you planning to volunteer?

☐ Just this once ☐ Daily ☐ Several times a week
☐ Once a week ☐ Several times a month ☐ Once a month

Interviewed by _____

Tour of the Home: _____

Signature of volunteer applicant _____

Date of application _____

PLEDGE OF CONFIDENTIALITY

I am aware that I may acquire information in the course of my duties which is of a confidential nature. I understand that I am not at liberty to divulge any information regarding the residents, their property, condition or activities. I am also aware that release of confidential unauthorized information will result in dismissal.

Signature

Date