



**NURSING HOME**  
***Without Walls***  
TANTRAMAR, NB

**Volunteer Application**

You are required, as a volunteer, to provide NHWW Tantrammar with current Criminal Record and Vulnerable Sector Checks.

**Contact Information**

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street No./Box City/Town Province

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Last Name First Name

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**About You**

Special skills, hobbies, interests, education, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Past and/or current volunteer experience, if applicable:

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Past and/or current experience with older adults or seniors: \_\_\_\_\_

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**Area of Volunteer Interest**

	YES	NO	DESCRIBE/SUGGESTIONS
One-on-one visits			
One-on-one outings			
Special programs			
Transportation (see pages 5 and 6)			

Other: \_\_\_\_\_

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**Time of Availability**

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



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**How frequently do you plan to volunteer with NHWW Tantramar?**

One time

Once a week

Twice a week

Once a month

Two to three times per month

Other

Signature of volunteer applicant: \_\_\_\_\_

Date application completed: \_\_\_\_\_

Please read and sign the Pledge of Confidentiality on page 4.

If interviewed, you will be asked to provide references.



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**Pledge of Confidentiality**

I am aware that I may acquire information during the course of my volunteer duties which is confidential in nature. I understand I am not at liberty to divulge any information regarding NHWW clients, their families, properties, conditions, or activities. I am also aware that the release of confidential, unauthorized information and/or photographs will result in dismissal from volunteer duties.

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Printed Name

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Signature

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Date



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**Volunteer Transportation Driver**

**Purpose:**

- To provide free transportation to and from medical and legal appointments, as well as to and from select NHWW errand days and events, for low-income older adults enrolled in NHWW Tantrammar.

**Duties/Description:**

- To provide free, courteous transportation to and from medical and legal appointments, as well as to and from NHWW events and monthly errand days, as needed, at the discretion of the NHWW Coordinator. This volunteer position requires the driver to pick up NHWW clients or participants at their home and transport them safely to their medical and legal appointments. The volunteer transportation driver will be required to wait while the client is in their appointment, then return them safely to their home. This is not a paid position, although kilometers driven will be compensated at \$0.58 per kilometer. The volunteer is not considered an employee of Nursing Home Without Walls Tantrammar or the Drew Nursing Home.

**Other responsibilities:**

- Assisting participants into and out of the vehicle, if necessary.
- Ensuring rules of the road are followed.

**Qualifications:**

1. Friendly, punctual, and able to safely navigate between Amherst and Moncton (including the surrounding Tantrammar area).
2. Knowledge of healthy aging and NHWW's vision/goals.
3. Must sign an oath of confidentiality. The volunteer transportation driver must be reliable and discreet. They can not share any conversations with anyone other than NHWW staff and, if applicable, Drew Nursing Home.
4. Proficiency with email and phone for communication about required drives, as well as the ability to view and edit an NHWW Google calendar, as needed.
5. Must provide a clear driver abstract, vulnerable sector police clearance, as well as have the extra, necessary liability insurance.



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**Volunteer Transportation Driver Form**

**Do you have a valid driver's license?**     Yes     No

Please provide the following information:

License Number: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Have you ever been in violation of any laws, traffic or otherwise?**

No                       Yes, please explain: \_\_\_\_\_

**Do you have any physical conditions or considerations that may impact your driving activities?**

No                       Yes, please explain: \_\_\_\_\_

**Are you willing to be included on our short-notice driver list?**

No                       Yes



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**Please reach out to Rachelle Gariepy, NHWW Tantrammar Coordinator, with any questions or for more information.**

**Rachelle Gariepy**  
**Coordinator**

165 Main Street Sackville, NB E4L 4S2

[nhww@drewnursinghome.ca](mailto:nhww@drewnursinghome.ca)

M: 506-688-4688

O: 506-364-4900 (ext. 6)