



VOLUNTEER APPLICATION

Submit completed applications using one of the following two methods:

FAX TO:

Volunteer Coordinator
(403) 253-0393

MAIL TO:

Volunteer Coordinator
c/o Southwood Care Centre
211 Heritage Drive SE
Calgary, Alberta T2H 1M9

VOLUNTEER INFORMATION (PLEASE PRINT)	
LOCATION DESIRED:	AVAILABILITY:
<input type="checkbox"/> CHINOOK CARE CENTRE 1261 Glenmore Trail SW	<input type="checkbox"/> FLEXIBLE
<input type="checkbox"/> BRENTWOOD CARE CENTRE 2727 16 th Avenue NW	<input type="checkbox"/> PREFER WEEK DAYS/EVENINGS Please specify: _____
<input type="checkbox"/> SOUTHWOOD CARE CENTRE 211 Heritage Drive SE	<input type="checkbox"/> PREFER WEEKEND DAYS/EVENINGS Please specify: _____

PERSONAL INFORMATION			
LAST NAME		FIRST NAME AND INITIAL	
HOME ADDRESS			E-MAIL ADDRESS:
CITY	PROVINCE	POSTAL CODE	TELEPHONE (HOME)
TELEPHONE (CELL)		TELEPHONE (WORK)	
EMERGENCY CONTACT			

SKILLS AND INTEREST
EDUCATIONAL BACKGROUND:
OCCUPATION:
INTERESTS/SKILLS/HOBBIES
EXPERIENCE WORKING WITH SENIORS
PREVIOUS VOLUNTEER EXPERIENCE

PREFERENCE IN VOLUNTEERING

WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN?

- Working 1:1 with Residents
- Working as an assistant to staff
- Leading a Recreation Program
- Other, please specify: _____
- No Preference

Do you have a preference for working with men , women , no preference

WHICH AREAS WOULD YOU LIKE WORKING IN?

- | | |
|---|---|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Palliative Care* |
| <input type="checkbox"/> Crafts/Knitting/Sewing | <input type="checkbox"/> Pastoral Care* |
| <input type="checkbox"/> Cards/Games/Puzzles | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Visiting | <input type="checkbox"/> Host/Hostess |
| <input type="checkbox"/> Assisting with Off Site Outings | <input type="checkbox"/> Sing-A-Long |
| <input type="checkbox"/> Basic Manicures (Chinook/Brentwood only) | <input type="checkbox"/> Social Programs
(Pub Afternoon, Birthday Parties) |
| <input type="checkbox"/> Other, please specify: _____ | |

* Requires specialized training

REFERENCES

PLEASE LIST TWO NON-FAMILY REFERENCES FOR US TO CONTACT:

1.

2.

APPLICANTS SIGNATURE:

DATE:

This information is collected pursuant to the Intercare Corporate Group Inc. Privacy Policy and its obligations under the Personal Information Protection Act.