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**VOLUNTEER APPLICATION**

Submit completed applications using one of the following two methods:

***FAX TO: MAIL TO:***

Volunteer Coordinator Volunteer Coordinator

(403) 252-6591 Intercare Corporate Group Inc. Calgary Regional Corporate Office

***EMAIL TO:*** 501 – 5920 Macleod Trail S.W.

[kmerkowsky@intercarecorpgroup.com](mailto:kmerkowsky@intercarecorpgroup.com) Calgary, AB T2H 0K2

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| **VOLUNTEER INFORMATION (PLEASE PRINT)** |
| **LOCATION DESIRED: AVAILABILITY: Please specify preferred**  CHINOOK CARE CENTRE  FLEXIBLE  1261 Glenmore Trail SW  BRENTWOOD CARE CENTRE  PREFER WEEK DAYS / EVENINGS  2727 - 16 Avenue NW Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SOUTHWOOD CARE CENTRE  PREFER WEEKEND DAYS / EVENINGS  211 Heritage Drive SE Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  KINGSLAND TERRACE SUPPORTIVE LIVING  835 - 68 Avenue SW |

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| LAST NAME | | | FIRST NAME AND INITIAL | | |
| HOME ADDRESS | | | | | E-MAIL ADDRESS |
| CITY | PROVINCE | POSTAL CODE | | TELEPHONE (HOME) | |
| TELEPHONE (CELLULAR) | | | | TELEPHONE (WORK) | |
| EMERGENCY CONTACT (NAME / TELEPHONE NUMBER/ RELATIONSHIP) | | | | | |

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| SKILLS AND INTEREST |
| EDUCATIONAL BACKGROUND: |
| OCCUPATION: |
| INTERESTS / SKILLS / HOBBIES: |
| EXPERIENCE WORKING WITH SENIORS: Yes \_\_\_\_\_ No \_\_\_\_\_ |
| PREVIOUS VOLUNTEER EXPERIENCE: |

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| **PREFERENCE IN VOLUNTEERING** | |
| **WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN?**  Working 1:1 with Residents  Leading a Recreation Program with Intercare staff available for support and assistance  Entertainment  Mealtime Companion ***(specialized training required)***  Pastoral Care ***(specialized training required)***  Palliative Care ***(specialized training required)***  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Preference  Do you have a preference for working with: Men  Women  No preference | |
| **WHICH AREAS WOULD YOU LIKE WORKING IN?**  Bingo/Bocce/Bowling  Sing-A-Long  Crafts/Knitting/Sewing  Visiting  Cards/Games/Puzzles  Social Programs  (e.g. Pub Afternoon, Birthday Parties, Tea Parties)    Assisting with Off Site Outings  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **PLEASE LIST TWO (2) NON-FAMILY REFERENCES FOR US TO CONTACT**  **(Please include: Name / Phone Number/ Email Address)**   1. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**     1. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **APPLICANT’S SIGNATURE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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and its obligations under the Personal Information Protection Act.