

Dear Volunteer Applicant,

Thank you for your interest in The Good Companions' Volunteer Services Program. Screening volunteer applicants helps us protect our clients, volunteers, members and staff. The screening process also makes it easier to match successful applicants to the right position. We want your volunteer effort to be a truly rewarding experience. Below the screening process is briefly outlined. Please note that additional screening may apply for certain positions.

#### Application

Please complete the attached volunteer application and return it to Front Reception or mail it in at your convenience. If your application is selected, I will contact you to set-up an interview. Interviews are conducted Monday-Friday between 9am-3pm.

#### References

It would be greatly appreciated if you could bring the names and phone numbers of your references to the interview. Depending on the position, you will need a maximum of 3 references. Only 1 reference may be related to you.

#### Police/Criminal Records Check

For our organization, Criminal and/or Police Records Checks are only valid if they have been processed within the last 30 days. Only original copies will be accepted for verification. No photocopies are made and originals are returned immediately to all applicants. Depending on the position applied for, the type of background check that is required will vary. During the interview the Volunteer Services Coordinator will provide a Volunteer Letter that applicants will bring to their local police station (along with two pieces of I.D.) in order to waive the processing fee.

I look forward to receiving your application, and hope you have a wonderful day!

Sincerely,



Robyn Macdonald  
Volunteer Services Coordinator  
volunteer@thegoodcompanions.ca  
613-236-0428, extension 230



**VOLUNTEER APPLICATION  
 CONFIDENTIAL**

Date: \_\_\_\_\_

**Sections A, B, C and D to be completed by all volunteer and student placement applicants.  
 Section E to be completed by student placement applicants only.**

**Section A: Personal Information**

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

\_\_\_\_\_  
 Apt #      Street Address City/Prov.      Postal Code

\_\_\_\_\_  
 Home Phone      Work Phone      Cell Phone

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

Preferred Method of Communication:    Phone    E-Mail    TTY    Mail    In-Person (when possible)

Would you like a copy of our quarterly bulletin    Yes    No  
 If yes, how would you like to receive it?    By Mail    I will download from website    I will pick up at Centre

Languages: Preferred Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Age:    14 – 17 years    18+ years  
 Date of birth (to be completed by choice): \_\_\_\_\_  
dd/mm/yy

Transportation:    Car    Bus    ParaTranspo    Other \_\_\_\_\_

Are you a member of the LGBT community (to be completed by choice)?    Yes    No  
 Are you a member of The Good Companions?    Yes    No

**Emergency Contact:**

Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship: \_\_\_\_\_

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**Section B: Referral Source (please check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Client                     | <input type="checkbox"/> New Member<br>(Less Than 1 Year) | <input type="checkbox"/> The Good Companions<br>Web Site |
| <input type="checkbox"/> Member                     | <input type="checkbox"/> Staff Referral                   | <input type="checkbox"/> Volunteer Ottawa                |
| <input type="checkbox"/> Familiar with organization | <input type="checkbox"/> In Area                          | <input type="checkbox"/> Community Bulletin              |
| <input type="checkbox"/> Friend or Family           | Media (Newspaper/Television):<br>_____                    | <input type="checkbox"/> Other: _____                    |
|   | (Please note name)  |  |

**Section C: Areas of Interest (please check all that apply)**

- Volunteer                       Student Placement

**At The Good Companions Centre**

- Office /Reception  
(phones, data entry, photocopying, mail outs)
- Dining Room  
(bus tables, carry trays, assist seniors)
- Food Preparation
- Teaching:  
Specialty \_\_\_\_\_
- Sales Clerk
- Committee Member  
Specialty \_\_\_\_\_
- Finance  
(count and record money, cashier)

**In the Community**

- Driver to Medical Appointments  
(requires own car)
- Friendly Visitor - in person (requires  
home visit to clients) or by phone
- Grocery Bus Helper
- Telephone Assurance  
(daily calls for safety)
- Handy Helper (simple repairs/odd jobs)

- Fundraising & Marketing

- Adult Day Program for the Frail Elderly

- Entertainer    Specialty : \_\_\_\_\_

- Crafts            Specialty : \_\_\_\_\_

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

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**Section D: Qualifications**

Reason for volunteering:

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Previous volunteer experience:

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Previous employment /current employment (if applicable):

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Education/Certifications: (degrees, certificates, courses e.g. CPR, First Aid)

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**Computer Skills** *(please check only if proficient and willing to use skills in your volunteer duties)*

- |  |                                |   |
|--|--------------------------------|---|
| <input type="checkbox"/> Data Bases                          | <input type="checkbox"/> Email | <input type="checkbox"/> Graphics (i.e. Photoshop, Publisher, etc.) |
| <input type="checkbox"/> Internet                            | <input type="checkbox"/> Excel | <input type="checkbox"/> Word                                       |
| <input type="checkbox"/> Social Media (i.e. Twitter Facebook | <input type="checkbox"/> Other |   |

**Skills, hobbies, other interests, talents willing to share**

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What personal qualities do you have that would help you when volunteering with seniors and/or adults with physical disabilities? What experience do you have with seniors/adults with physical disabilities?

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Do you have any special needs? Is there anything we need to be aware of in considering you as a volunteer/student placement?

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**Section E: Availability:**

Weekdays

Evenings

Weekends

Specify Days & Times: \_\_\_\_\_

Length of Availability (months, years): \_\_\_\_\_

**Can be Contacted for:**

Special Events (Christmas Bazaar, Walk of Ages, etc.)

**Declaration (to be signed by all applicants)**

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide truthful and complete information throughout this application process and will not withhold information that would unfavourably affect my application for a volunteer/student placement position.

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

**Privacy Statement:** The Good Companions respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to provide tax receipts and to mail out quarterly information packages to keep you informed about activities including special events, information updates, funding needs and opportunities to volunteer or give. If at any time you wish to be removed from any of these mailings, please call the Administration office at 613-236-0428 extension 100.

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**Section F: Student Placements** (to be completed by student placements only)

**Educational Institution:**

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**Course/Program Requiring Placement:**

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**Course/Program Supervisor at Educational Institution:**

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Name

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Position

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Phone Number

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Email

**Placement Scheduling:**

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Start Date

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End Date

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# of Hours to Satisfy

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Days/Times Available

**Evaluation Requirements** (i.e. forms to be completed by TGC staff or meetings required with Course/Program Supervisor):

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**Comments:**

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