

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, you will be contacted 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 90 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,

*Nikkie Snagg*

Nikkie Snagg  
Membership & Volunteer Coordinator  
volunteer@thegoodcompanions.ca  
613-236-0428, extension 2230

# Volunteer Application

## Section A: Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *Initials*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: 18-54  54+

Birth Date: \_\_\_\_\_  
 (Optional)

## Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

## Method of communication

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

Bulletin Pickup: 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* *Other Language*

### Transportation

Method of transport  Bus  Car  Para  Other:

### Statistical information

**Please note:** The information collected in the following 7 questions is for statistical and reporting purposes only (which has a direct impact on our funding) and will remain strictly **confidential**

- 1) Are you a person with a Disability?**  Yes  No  
(Definition: A disability is a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.)
- 2) Are you an Immigrant/New Canadian?**  Yes  No  
(Definition: Individuals born outside of Canada who came to Canada during the last 10 years.)
- 3) Are you a Visible Minority?**  Yes  No  
(Definition: Individuals who are neither Caucasian nor aboriginal.)
- 4) Are you a Francophone?**  Yes  No  
(Definition: People whose first official language is French and are capable of conversing in French.)
- 5) Are you a member of the First Nations, Métis and/or Inuit?**  Yes  No
- 6) Are you a member of the LGBTQ+ community?**  Yes  No  
(Definition: Lesbian, Gay, Bisexual, Transgender)
- 7) Are you a Rural Resident?**  Yes  No  
(Definition: Those living in Wards 4 (Kanata Nord), 19 (Cumberland), 20 (Osgoode), and 21 (Rideau-Goulbourn))

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

- |   |   |
|---|---|
| <input type="checkbox"/> Client                     | <input type="checkbox"/> Media              |
| <input type="checkbox"/> TGC Web Site               | <input type="checkbox"/> Community Bulletin |
| <input type="checkbox"/> Member                     | <input type="checkbox"/> Friend or Family   |
| <input type="checkbox"/> Familiar with organization | <input type="checkbox"/> Other              |

### Section C: Area of interest (please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>In Centre</b>            | <input type="checkbox"/> <b>In Community</b>            |
| <input type="checkbox"/> Dining Room                 | <input type="checkbox"/> Telephone Assurance            |
| <input type="checkbox"/> Food Preparation            | <input type="checkbox"/> Friendly Visiting              |
| <input type="checkbox"/> Administration              | <input type="checkbox"/> Home Help                      |
| <input type="checkbox"/> Sales Clerk                 | <input type="checkbox"/> Grocery Bus Program            |
| <input type="checkbox"/> Finance                     | <input type="checkbox"/> Driver to medical appointments |
| <input type="checkbox"/> Adult Day Program           |   |
| <input type="checkbox"/> Marketing and Fundraising   |   |
| <input type="checkbox"/> Crafts                      |   |
| <input type="checkbox"/> Senior Centre Without Walls |   |
| <input type="checkbox"/> LGBTQ+ Saturday Programming |   |

**Section D: Qualification**

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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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**Section D: Qualification (Continued)**

**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"/> Other      | <input type="checkbox"/> Social Media (i.e. Twitter Facebook) |   |

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

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

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Do you have any accessibility requirements? 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 unfavorably 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 send out mail and/or emails, quarterly 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 2100.