



The Good Companions

Supporting a Vibrant Community

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: _____

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	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> TTY <input type="checkbox"/> Mail <input type="checkbox"/> In-Person (when possible)
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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"/> In Centre | <input type="checkbox"/> In Community |
| <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

Section D: Qualifications

Reason for volunteering:

Previous volunteer experience:

Previous employment /current employment (if applicable):

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

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

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

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

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.