



**FRED DOUGLAS**  
SOCIETY

Uniting Health, Heart and Home

# VOLUNTEER APPLICATION AND REGISTRATION

*When completed, please return to:*  
**VOLUNTEER SERVICES, FRED DOUGLAS LODGE**  
 1275 Burrows Avenue Winnipeg, MB R2X 0B8  
**Telephone 586.8541 x135 Fax 589.0110**

*Fred Douglas Society is committed to protecting the privacy of personal information. Personal information is collected, used, maintained and disclosed in compliance with Fred Douglas Society and The United Church of Canada Privacy Policy Statements and applicable federal and provincial privacy legislation including, but not limited to The Personal Information Protection and Electronic Documents Act (2000, c.5).*

## PLEASE TELL US ABOUT YOURSELF ...

## VOLUNTEER CATEGORY

<b>NAME</b>				<b>ADULT</b>	<input type="checkbox"/>
<b>STREET ADDRESS</b>				<b>YOUTH (14-17)</b>	<input type="checkbox"/>
<b>CITY</b>	Winnipeg	<b>POSTAL CODE</b>			
<b>TELEPHONE NUMBERS</b>	<b>HOME</b> -	<b>BUSINESS</b> -	<b>CELL</b> -		
<b>E-MAIL</b>					
<b>EMERGENCY CONTACT</b>				<b>PHONE</b> -	

## WHAT IS/ARE YOUR REASON(S) FOR VOLUNTEERING? (please check ✓)

<input type="checkbox"/> Academic credit	<input type="checkbox"/> Employment experience	<input type="checkbox"/> Social interaction	<input type="checkbox"/> Stay active and involved
<input type="checkbox"/> Learn new skills	<input type="checkbox"/> Explore a possible career	<input type="checkbox"/> Relative/friend volunteers or works at Fred Douglas Lodge	
<input type="checkbox"/> Practice English skills	<input type="checkbox"/> Improve care for Fred Douglas Lodge residents		
<input type="checkbox"/> Other:			

## ARE YOU RECEIVING CREDIT FOR YOUR VOLUNTEER WORK? (please check ✓)

<input type="checkbox"/> Yes	Educational Institution or Organization at which you will be receiving credit	Required number of hours	By what date do you hope to complete these hours (e.g., June 2010)?
<input type="checkbox"/> No			

## PLEASE INDICATE YOUR AVAILABILITY ...

<input type="checkbox"/> One time only	Please indicate specific date or period of dates, and specific times (e.g., 9:00 – 11:00 a.m.):							
<input type="checkbox"/> Regular commitment	<input type="checkbox"/> Once a week	<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
	<input type="checkbox"/> 2-3 times/week							
	<input type="checkbox"/> Daily							
	<input type="checkbox"/> Weekends							

## PLEASE TELL US ABOUT THE VOLUNTEER WORK YOU HAVE DONE ...

Most recent place of volunteer work, and brief description of your activities responsibilities		
Have you ever applied to volunteer, done volunteer work, or been employed with Fred Douglas Lodge?	<input type="checkbox"/> Yes	If yes, when?
	<input type="checkbox"/> No	

## PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY ...

<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Homemaker
Most recent place of work, and brief description of work responsibilities				
<input type="checkbox"/> Resume attached				
<b>FOR OFFICE USE</b>	<input type="checkbox"/> Entered in database	<input type="checkbox"/> Photo ID	<input type="checkbox"/> Invitation to Volunteer Orientation	

WHAT SKILLS AND EXPERIENCE DO YOU HAVE TO OFFER? <i>(please check ✓)</i>		
<input type="checkbox"/> Clerical/secretarial	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Retail experience
<input type="checkbox"/> Physical strengths	<input type="checkbox"/> Communication	<input type="checkbox"/> Work well with people
<input type="checkbox"/> Creative ideas	<input type="checkbox"/> Marketing	<input type="checkbox"/> Experience working with seniors or the elderly
<input type="checkbox"/> Play musical instrument	FOR EACH OF THE FOLLOWING, PLEASE SPECIFY:	
<input type="checkbox"/> Photography	<input type="checkbox"/> Languages, spoken/read	
<input type="checkbox"/> Valid drivers license	<input type="checkbox"/> Computer skills	
	<input type="checkbox"/> Special training	
<input type="checkbox"/> Other:		

**HEALTH INFORMATION** *Please list any health challenges/limitations/problems which could affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a placement. Information shared will be kept strictly confidential, shared only with your prior permission on a need-to-know basis.*

**REFERENCES** *Please provide the names of two (2) persons we may contact as references for your volunteer application.*

WORK SUPERVISOR, TEACHER OR COLLEAGUE		FRIEND, NEIGHBOUR OR FAMILY MEMBER	
Name		Name	
Telephone		Telephone	
Organization		Relationship	

**CONDITIONS OF VOLUNTEER WORK** *By submitting this Volunteer Registration:*

- I understand that that it is the policy of Fred Douglas Lodge to **screen all prospective volunteers**, and that **submission of Volunteer Registration does not guarantee volunteer placement**. While we try to place every applicant, management reserves the right to decline volunteer applicants who do not meet our needs, requirements and/or job placement criteria.
  - I agree to participate in designated training sessions when provided to help in my volunteer assignment(s), including PHIA (Personal Health Information Act) training.
  - I understand that volunteer assignment **may be contingent upon satisfactory Criminal Record and Abuse Registries Check**, and I agree to verify qualifications, driver's license/abstract, or other qualifications, if necessary.
  - I consent to collection, use, retention and disclosure of personal information provided as part of this application.
  - In keeping with the **Fred Douglas Society (FDS) Confidentiality Policy (20.10.030) & Personal Health Information Act (PHIA)** of the Province of Manitoba, and in consideration of my volunteer association with FDS, and as an integral part of the terms and conditions of my association, I agree that **I will not at any time during my assignment divulge to any person(s) within or outside FDS**, any confidential information except as may be required in the course of duties and responsibilities and in accordance with FDS policies governing proper release of information. This includes confidential, private or personal health information concerning residents, staff or the business of FDS that may come to my knowledge or attention. I also understand that this information will remain confidential even after my volunteer assignment at Fred Douglas Lodge has ended.
  - I certify that the information provided on this form is true and accurate**, and I will inform Fred Douglas Lodge if any change occurs concerning my file that would no longer allow me to meet the selection.
  - I further understand that if contacted for volunteer assignment(s) at Fred Douglas Lodge, **failure to follow and comply with the above conditions may be considered sufficient cause for dismissal**.
  - I agree to abide by the policies and procedures and support the values** of Fred Douglas Lodge and Fred Douglas Society.
- I give the Fred Douglas Lodge and Fred Douglas Society the **absolute right and permission to copyright and/or publicize, or use photographic portraits or pictures of me, or videotaped images in which I may be included** in whole or part for the use of advertising, art, trade and any other lawful purpose whatsoever.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian, or Educational Supervisor, if under 18

\_\_\_\_\_  
Date