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www.salemhome.ca

VOLUNTEER PROGRAM APPLICATION FORM

To Applicant: We appreciate your interest in becoming a volunteer at Salem Home Inc. Please fill out this form to give us information that will help us to find a volunteer role that would be suitable for both you and the residents.

PERSONAL INFORMATION

Name _____ Telephone # _____

Cell phone # _____ Email _____

How do you prefer to be reached: Phone Call: Text: Email: Other: _____

Address _____
 Box No. Street City Province Postal Code

Languages Spoken: English Low German High German Other _____

What area(s)/assignments(s) are you interested in? Please check all those that apply:

- | | | | | |
|--|--|--|---|---|
| <p><u>Resident Care Services</u></p> <input type="checkbox"/> Assisting with Meals
<input type="checkbox"/> Hair Care
<input type="checkbox"/> Shaving
<input type="checkbox"/> Wheelchair Escort
<input type="checkbox"/> Replenishing Resident Supplies
<input type="checkbox"/> Making Beds
<input type="checkbox"/> Other _____ | <p><u>Program Assistant</u></p> <input type="checkbox"/> Bingo
<input type="checkbox"/> Bowling
<input type="checkbox"/> Cooking
<input type="checkbox"/> Singing
<input type="checkbox"/> Outings
<input type="checkbox"/> Handi-Van Driver
<input type="checkbox"/> Shopping for Residents
<input type="checkbox"/> Escort to Appointments | <p><u>Special Programs</u></p> <input type="checkbox"/> Baking Cookies
<input type="checkbox"/> Greeting Cards Recycling
<input type="checkbox"/> Posting Calendars
<input type="checkbox"/> Decorating
<input type="checkbox"/> Host and Hostess Program | <p><u>Visiting Programs</u></p> <input type="checkbox"/> Letter Writing
<input type="checkbox"/> Palliative Care
<input type="checkbox"/> Reading/Visiting
<input type="checkbox"/> Computer Assistance | <p><u>Music Programs</u></p> <input type="checkbox"/> Chapel Pianist
<input type="checkbox"/> Hymn Sing Assistant
<input type="checkbox"/> Sing a long Assistant |
|--|--|--|---|---|

Times available for volunteering:

<u>Day</u>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your application is considered favorably, when would you be able to begin? _____

Have you volunteered for us in the past? Yes No If yes, when and what did you do? _____

PERSONAL REFERENCES

Name: _____ Telephone #: _____
Relationship: _____

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QUESTIONS

How did you hear about the volunteer opportunities at Salem Home Inc? _____

Why would you like to become a volunteer at Salem Home Inc? _____

What do you hope to gain through your volunteer work? _____

What skills, interests or hobbies would you like to share with the residents? _____

Are you aware of any health or physical conditions that could affect your volunteer assignments? If yes, please explain:

I hereby authorize Salem Home Inc. to perform a personal investigation in connection with my application for volunteer services. As part of that investigation, I authorize the contact of my references and the release of any relevant information.

Signature of Volunteer _____ Date _____

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