



Roger's House

399 Smyth Road, Ottawa, ON, K1H 8L2

Phone: (613) 523-6300 Fax: (613) 523-3617

Coordinator of Volunteer Services: Lise Beauchemin

Phone: (613) 523-6300 Ext. 605 Email: lbeauchemin@cheo.on.ca

Volunteer Application Form

Thank you for your interest in volunteering with Roger's House. Volunteers play a vital role in the delivery of our services. All volunteer applications are reviewed with consideration of current volunteer opportunities.

Please note: This form will remain on file at Roger's House. All volunteer information and files are kept confidential and are only available to authorized hospice staff such as supervisors of volunteers and trained office help volunteers who have signed a Confidentiality Agreement. Roger's House is committed to providing appropriate protection for your personal data. Data collected on this volunteer application form may be used by Roger's House to consider your application for volunteer engagement, and to communicate with you with respect to your application.

Personal Information:

Last Name:		First Name:	
Street Address:		Preferred Name Used:	
City:		Postal Code:	
Home Phone No. ()	Work Phone No. ()	Cell Phone No. ()	
Email: (please print clearly)			
How did you learn about our volunteer program?			
What has motivated you to volunteer with Roger's House <u>pediatric palliative care hospice</u> at this time?			
Personal Information -Optional (This information is only used for statistical analysis)			
Date of Birth: Month_____Day:_____Year:_____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Volunteer Opportunities:

(Please check the positions that you may be interested in (first, second and third choices). Feel free to contact us with suggestions for unique positions)

Reception		Gardening/Floral	
Summer Reception		Massage Therapy	
Family Support		Photographer	
Play and Learn		Workshop Assistant	
Summer Play and Learn		Special Events	
Office Help		Speaker's Bureau	
Kitchen/Household		Knitting/Sewing	
Maintenance		Memory Box Artist	

Availability:

(Please indicate your availability by checking the boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings (9:00-1:00)							
Afternoons (1:00-5:00)							
Evenings (5:00-9:00)							

Volunteer/Work Experience: (If Applicable)

Are you presently a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
Have you had previous experience as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
Do you have experience working with children? If yes, in what capacity?	
What (if any) experience have you had participating with children who are physically, mentally or developmentally challenged?	
What professional or other experience have you had that will assist you in the role you are applying for?	

Abilities (Please attach resume - optional):

What hobbies/interests/skills do you have that might benefit your volunteer services? (E.g.) first aid, training
Do you speak/write languages other than English that you would like to utilize in your placement? (Please specify)

Screening:

Roger’s House seeks to protect volunteers, employees, guests and families through appropriate screening measures. Reference checks are required for all volunteers and police records checks are required for a number of volunteer positions.

We would like to contact three references. Please identify three people (Friend, Volunteer, or Work-related – these individuals must be over 20 years of age, and have known you for 2 years or more. They may not be a partner, spouse, family member or your therapist/social worker)

Name:	Phone Number: (Day and Evening)	Email:	How this person knows you:

Authorization: I, _____, give permission to Roger’s House to collect personal information appropriate to the position I’m applying for, and to verify the character references I have listed here. I understand and agree that to the best of my knowledge, the information I have provided is complete and accurate in every respect.

I give my consent to have my photograph taken for my volunteer file. **Yes** **No**

I give my consent to Roger’s House to utilize my photograph(s) for public relations purposes. **Yes** **No**

As an organization, we value the health and safety of our patients, families and staff. In order to achieve a high standard of health and safety your opportunity to volunteer at Roger’s House would be conditional upon satisfactory confirmation of tuberculosis testing and yearly flu immunization.

I submit this application for a volunteer position with Roger’s House. I understand I must participate in a volunteer information session prior to an interview. I understand that I may not be accepted for an interview. If I am interviewed, I understand that I may not be accepted as a volunteer. I understand that a successful reference check and a police records check form part of the screening process in becoming a volunteer. I agree that Roger’s House may at any time, for just cause, decide to terminate a volunteer’s engagement with Roger’s House.

Applicant’s signature: _____ Date: _____

Forwarding address:

Roger’s House
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