

Please read and sign the following:

I understand that I will fulfill my commitment(s) to the best of my ability. In the event that my ability and involvement are not compatible with a selected activity, I may be considered for another placement. The Glebe Centre reserves the right to discontinue a placement should it be necessary.

I understand that I will provide an application, signed confidentiality form, two references and a Police Check (free with signed letter provided by the Coordinator of Volunteer Services). I will also be required to participate in a general orientation which will cover additional paperwork and information. Training for specific roles will be provided by my supervisor. I will need to provide proof I have taken Worker Health & Safety Awareness training www.labour.gov.on.ca and Accessibility Training www.accessforward.ca

I consent to have my photo taken which may be posted in The Glebe Centre and used for external brochures; news stories and/or promotional material. Yes ___ No ___ Signature _____

I consent to allow my personal information to be given out to other departments **within our organization**; this could include our fundraising department and or a sharing of information between long term care and community support. I could receive newsletters, updated information regarding The Glebe Centre and information or requests for donations, other volunteer positions. Yes ___ No ___ Signature _____

I consent to allow my email address to be shared within our organization and with other volunteers when necessary. This could include newsletters and invitations, information regarding outbreaks and or special events. Yes ___ No ___ Signature _____

I will wear my I.D. badge at all times while volunteering at The Glebe Centre and sign in at the beginning and end of each shift. I will contact the Volunteer Coordinator if I require a replacement ID badge.

I understand that as a volunteer I am not permitted to perform any nursing and/or personal care for residents.

I understand that it is my duty to inform The Glebe Centre of any changes to my personal information.

As a volunteer, I agree to hold in strict confidence confidential information about The Glebe Centre, staff, residents and clients.

Signed: _____ Date: _____

Parent/Guardian Signature _____

The parent/guardian is required to sign if you are under 18 years of age

PLEASE NOTE FILLING OUT AN APPLICATION OR PARTICIPATING IN AN ORIENTATION WILL NOT AUTOMATICALLY RESULT IN A PLACEMENT. PLACEMENTS ARE DEPENDANT ON MANY FACTORS AND CONIDERATIONS.

The above applicant has participated in a general orientation and has completed all of the necessary paperwork including applying for a police check. Health & Safety training has been completed and the applicant has been provided with all of the information necessary to become a volunteer at The Glebe Centre in both community support and long term care.

Coordinator of Volunteer Services: _____ Date: _____

Lonelle Butler
Volunteer Coordinator
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volunteer@glebecentre.ca