



Volunteer Opportunities In Long Term Care Please indicate preference		Volunteer Opportunities In Abbotsford Community Programs Please indicate preference	
Activities _____	Music Program _____	Abbotsford Boutique _____	Day Away Program _____
Art Program _____	Palliative Care _____	Luncheon Hostess _____	Gardening _____
Feeding Program _____	Chinese Program _____	Abbotsford Reception _____	Luncheon Club _____
Gardening _____	Friendly Visiting _____	Volunteer Driver _____	Friendly Visitor _____
Pastoral Care _____	Exercise Program _____	Teddy Bear Club _____	Members' Council _____
Bingo Assistant _____	Sewing/Mending _____	Special Events _____	Fundraising _____
Van Outings _____	Tea & Chat _____	Craft Volunteers _____	Craft Leader _____
Administration _____	Arts & Crafts _____	Men's Breakfast Coordinator _____	
		Instructor: Art _____	
		Computer _____	
		Exercise _____	
		Music _____	
		Games _____	

I agree to fulfill my commitment(s) to the best of my ability. In the event that my ability/ involvement is not compatible with a selected activity, I may choose or be asked to reassign to another position or unit. The Glebe Centre reserves the right to discontinue a placement should it be necessary.

I agree to provide an application, two references (**where applicable**) and a Police Check (**where applicable**). I may be required to provide results of a Tuberculin Test (TB skin test) prior to commencing volunteer assignments. I will also be required to participate in an interview/orientation and training process.

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.

**Please Initial the following where applicable:**

I authorize The Glebe Centre to contact my references directly and to confirm receipt of a Police Check for the Vulnerable Sector. \_\_\_\_\_

I will wear my I.D. badge at all times while volunteering at The Glebe Centre and will contact the Volunteer Coordinator if I require a replacement badge. \_\_\_\_\_

I understand that as a volunteer in long term care 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 any confidential information I might come in contact with in my role as a volunteer. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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

**Lonelle Butler**  
**Volunteer Coordinator**  
**612 238-2727 ext. 353**  
**volunteer@glebecentre.ca**