



# Volunteer Application Form

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: ( ) ( ) ( )  
Home Cell Other

Email: \_\_\_\_\_ Date of birth : / / \_\_\_\_\_ Sexe : F  M

Spoken language(s):  French  English  Other(s): \_\_\_\_\_

Canadian citizen :  Yes  No, specify \_\_\_\_\_

## IN CASE OF EMERGENCY

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## HOW DID YOU LEARN ABOUT LA MAISON DES COLLINES?

Web site  Social media  Centre d'action bénévole de Gatineau

Other: Specify \_\_\_\_\_

## EDUCATION

High school  Cegep: \_\_\_\_\_  University: \_\_\_\_\_

Other(s) Specify \_\_\_\_\_

## OCCUPATION

Current employment: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Retired / from what field

Student / field of study

Other(s) / Specify \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Have you ever volunteered?

No

Yes, name of organization \_\_\_\_\_

## PERSONAL EXPERIENCES

Have you experienced the loss of a loved one recently?  No   Yes, \_\_\_\_\_ month(s) / year(s) ago.

Indicate your relationship with this person: \_\_\_\_\_

*\* We recommend waiting a minimum of one year after the loss of a loved one before volunteering at La Maison des Collines.*

Have you received training on caring for dying patients and end of life?:

Yes

No

If yes, specify (type of training, organization and duration of training, etc.)

## AVAILABILITY (please indicate the day and time of day you are available)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
EVENING							

Typical nursing care volunteer schedule: AM 8 to 12h / PM 12 to 4 / Evening 4 to 8

Typical reception schedule: AM 9h to 1 / PM 1 to 5 / Weekends 10 to 2

What is your motivation for volunteering at La Maison des Collines? \_\_\_\_\_

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## ACTIVITIES

Refer to the description of activities below. Do you have any limitations that would be hinder the execution of certain tasks?  Yes  Non

If yes, please specify: \_\_\_\_\_

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Which volunteer activity interests you the most? *Indicate all that apply.*

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Reception                    | <input type="checkbox"/> Animation    | <input type="checkbox"/> Interior maintenance               |
| <input type="checkbox"/> Care and accompaniment       | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Exterior maintenance, horticulture |
| <input type="checkbox"/> Kitchen                      | <input type="checkbox"/> Sewing       |   |
| <input type="checkbox"/> Secretarial / Administration | <input type="checkbox"/> Decoration   |   |

## REFERENCES

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Relationship \_\_\_\_\_ Know him/her \_\_\_\_\_ yrs

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_ Know him/her \_\_\_\_\_ yrs

## SCOPE OF COMMITMENT

The volunteer provides time and availability for various activities with a minimum of four (4) continuous hours. This can be weekly or other, depending on the availability of each. The specifications will be discussed after training and orientation.

**ADDITIONAL INFORMATION** *Note here any information concerning you that would be helpful to La Maison.*

### AREAS OF ACTIVITIES

**Reception:** answer phone and direct calls to the recipient; welcome and guide visitors; participate in special events.

**Animation:** music, singing, art, etc.

**Sewing (occasional activity):** clothing repairs, accessories, etc.

**Kitchen:** Participate in preparation and serving of meals. Wash the dishes and maintain the cleanliness of the kitchen and storage areas.

**Decoration (occasional activity):** decorate La Maison during celebrations or special events.

**Entretien de la maison :** exécuter les tâches d'entretien régulier, des réparations et installations mineures.

**Housekeeping and exterior maintenance:** perform regular indoor maintenance, minor repairs etc.

**Exterior maintenance and landscaping:** maintain flowerbeds, mow grass, trim hedges and shrubs, pick up leaves, etc.

**Philanthropy:** assist with fundraising activities deriving from visiting and soliciting suppliers, sponsors, ticket sales, etc.

**Secretariat/administration:** assist administrative staff in certain tasks such as mailings, correspondence (proficiency with Word software), etc.

**Care and accompaniment:** help and support for end of life patients and their family such as providing comfort care to the patient (bathing, showering, meal assistance, bedding changes, house laundry...); offering presence and listening; collaborate with the interdisciplinary team.

*Dear volunteer candidate,*

*We thank you for showing interest in our mission. We can assure you that all information provided will remain confidential and will receive special attention.*

*If you require additional information, please do not hesitate to contact us. We will do the same.*

*With this signature, you grant us permission to verify the data you have provided.*

**Name:** \_\_\_\_\_  
**in block letters**

**Signature:** \_\_\_\_\_

**Signed at:** \_\_\_\_\_  
**city**

\_\_\_\_\_  
**date**

#### **TRANSMISSION**

Please return the completed form according to the method chosen.

#### **La Maison des Collines**

Linda Erickson, Volunteer Coordinator

99, chemin Burnside

Wakefield (Québec) J0X 3G0

Telephone : 819-459-1233

Courriel : [benevoles@lamaisondescollines.org](mailto:benevoles@lamaisondescollines.org)

Also available for download on La Maison des Collines web site.

**Interview:**    /    /

**Training:**    /    /

**Start date:**    /    /

**Stop date:**    /    /

**CANDIDATE ACCEPTED**

**YES**

**No, why ?**