



- Centre d'hebergement: FD / HB / St.A / St.M
- CLSC de Benny Farm
- CLSC Rene Cassin
- Richardson Hospital/Catherine Booth

PERSONAL IDENTIFICATION

Mr. Ms/Mrs. _____ Birth Date _____
Family Name First Name Yr/Mo/Day

Address: _____ Telephone: _____
Home

_____ Telephone: _____
Work

E-mail: _____ Telephone: _____
Cellular

Languages:

English (oral) French (oral) Others _____

English (written) French (written) Others _____

Current Status

Working Not Working Retired

Semi-retired Studying Others _____

Contact in case of an emergency: _____ Telephone: _____
(relationship)

RECRUITMENT METHODS REASONS FOR VOLUNTEERING

How did you find out that you could volunteer at
CSSS Cavendish?

Internet, indicate website. _____

School, indicate name. _____

Volunteer Bureau of Montreal _____

Word of mouth, by whom? _____

Newspaper, indicate name. _____

Flyer/pamphlet, indicate where. _____

CSSS Cavendish staff. Who? _____

Referral, indicate organization. _____

Volunteer Fair, which one? _____

Other, please specify. _____

What are your reasons for volunteering?

To help others.

To be involved with the community.

Extra time to give.

To acquire work experience.

To meet people.

To be accepted into a school program.

To pursue a career in the helping profession.

Others (please specify) _____

TIME AVAILABLE TO VOLUNTEER

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Amount of time available to volunteer per week: _____

WORK EXPERIENCE (VOLUNTEER AND/OR PAID)

Organization	Position	Years/Length of Time	Volunteer/Paid

EDUCATION, INTERESTS AND SPECIAL SKILLS

VOLUNTEER ACTIVITIES THAT INTEREST YOU

Long-term Care (Henri-Bradet, St.Andrew, Father Dowd, St. Margaret)

- | | |
|---|--|
| <input type="checkbox"/> Recreational programs (working with a group) | <input type="checkbox"/> Day Center (working with a group) |
| <input type="checkbox"/> Visitation program (visiting patients in rooms) | <input type="checkbox"/> Tuck Shop |
| <input type="checkbox"/> Feeding program (assisting patients with difficulties) | |
| <input type="checkbox"/> Medical Escort (transport is provided) | |

Home Care Services (working with an individual)

- | | |
|---|--|
| <input type="checkbox"/> Friendly visitor | <input type="checkbox"/> Walker-low impact exercises |
| <input type="checkbox"/> Grocery shopper | <input type="checkbox"/> Medical Escort with adapted transport |
| <input type="checkbox"/> Meal Preparer | |
| <input type="checkbox"/> Driver with vehicle | |
| <input type="checkbox"/> Palliative care home visitor | |

Rehabilitation Hospitals (Richardson & Catherine Booth)

- Rehab assistant
- Recreational programs
- Visitation program (visiting patients in rooms)

Family/Children/Youth

- Family Net
- Tender Loving Care program

CLSC Clinics (Benny Farm)

- Welcome Aide (greet the public)
- Flu Clinic (seasonal work-greet the public)
- Office Administrative Work

CLSC Clinics (Rene-Cassin)

- Welcome Aide (greet the public)
- Flu Clinic (seasonal work-greet the public)
- Office Administrative Work

CHARACTER REFERENCES (please provide one professional reference; work, school, volunteering, etc.)

Name	Relationship	Phone & email	How long has person known you?
1 .			
2 .			

To the best of my knowledge, the information provided on this form is accurate and true. I hereby permit the CSSS Cavendish to contact my references.

Applicant's signature _____ Date: _____
Year/Month/Day

Staff person's signature _____ Date: _____
Year/Month/Day

This section is reserved for the volunteer department

COMMENTS ON REFERENCE CHECK

Verified by: _____ Date: _____
Year/Month/Day

PLACEMENT OF APPLICANT

- | | | |
|---|---|---|
| <input type="checkbox"/> CHSLD Father Dowd | <input type="checkbox"/> CLSC de Benny Farm | <input type="checkbox"/> Richardson Hospital |
| <input type="checkbox"/> CHSLD Henri Bradet | <input type="checkbox"/> CLSC René-Cassin | <input type="checkbox"/> Catherine Booth Hospital |
| <input type="checkbox"/> CHSLD St. Andrew | | |
| <input type="checkbox"/> CHSLD St. Margaret | | |

Assigned Activity

1. _____
2. _____
3. _____

ADDITIONAL DOCUMENTS INCLUDED IN THE APPLICANT'S DOSSIER

- | | | |
|--|--|---|
| <input type="checkbox"/> Curriculum Vitae | <input type="checkbox"/> Police Verification | <input type="checkbox"/> Confidentiality Form |
| <input type="checkbox"/> Letter of reference | <input type="checkbox"/> Others | |

NOTES FROM COORDINATOR OF VOLUNTEER SERVICES
