

**MONT ST. JOSEPH HOME**  
**VOLUNTEER SERVICES DEPARTMENT**  
**777 - 28<sup>TH</sup> ST. EAST**  
**PRINCE ALBERT, SK. S6V 8C2**  
**PHONE- (306) 953-4521**  
**FAX- (306) 953-4550**

To be completed by Volunteer Manager  
**Police Record Check**

Satisfactory \_\_\_\_\_

Date completed \_\_\_\_\_

**CONFIDENTIAL APPLICATION for VOLUNTEERS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PRESENT OCCUPATION \_\_\_\_\_

EDUCATION (Please circle highest year of education completed)

Grade School

High School

Technical/University

1 2 3 4 5 6 7 8 9

10 11 12

1 2 3 4 5 6 7

If Technical/University please indicate area of training \_\_\_\_\_

ARE YOU OVER THE AGE OF 18 ? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you have a disability which will affect your ability to perform any of the functions of the volunteer position for which you are applying ? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, explain \_\_\_\_\_

PREVIOUS WORK AND VOLUNTEER EXPERIENCE

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WHY ARE YOU INTERESTED IN VOLUNTEERING AT MONT ST. JOSEPH ?

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TIME AVAILABLE - Day(s) of the week \_\_\_\_\_  
Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

LIST 2 PERSONAL REFERENCES (other than family)

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

I understand that my service to Mont St. Joseph Home is voluntary. (No monetary remuneration.)

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

*Mont St. Joseph Home...*  
*A welcoming, Christian community giving life meaning.*

**Mont St. Joseph Home  
Volunteer Pledge of Confidentiality  
Patient Right to Privacy**

As a Mont St. Joseph Home Volunteer, I am a responsible member of the “care team” and a powerful force in the community. I will honor my volunteer commitment and abide by the policies and standards of Mont St. Joseph Home and the Volunteer Services Department.

As I participate with residents, I will respect their right to total privacy concerning the details of their lives. I will not discuss their names, addresses, backgrounds, family relationships and the nature of their problems. I understand that my confidentiality continues even if I cease to be a volunteer at Mont St. Joseph Home. I understand that any breaches of confidentiality will result in corrective/disciplinary action, up to and including immediate dismissal.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_



**FOR USE OF VOLUNTEER SERVICES DEPARTMENT**

Interview notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up/Reference Checks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Orientation Date \_\_\_\_\_

- Volunteer Handbook \_\_\_\_\_
- Tour \_\_\_\_\_
- Nametag \_\_\_\_\_
- Supervisor(met) \_\_\_\_\_
- Schedule \_\_\_\_\_

Assignments \_\_\_\_\_ Start Date \_\_\_\_\_  
\_\_\_\_\_ Start Date \_\_\_\_\_