



Pembina Active Living (55+)

"Enhancing the lives of Older Adults"

R.P.O. Box 70054 RPO Kenaston Winnipeg, MB R3P 0X6

Office@pal55plus.ca 204.946.0839

Volunteer Application Form

Name: _____

Address: _____ Phone: _____

E-mail: _____

Do you speak any languages in addition to English? Yes / No if yes, which ones?

Are you willing to get a Personal Criminal Record Check with Vulnerable Sector Section?

(Paid for by PAL (55+)) Yes No

What is your current/previous work experience?

What is your current/previous volunteer experience? _____

How long of a commitment are you prepared to make? _____

Flexible hours with some notice? Yes Or No

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

References

Please note that *all applicants must have a minimum of TWO references; only ONE of which can be a friend or family member.*

1. Name and Phone Number:

Relationship: _____

2. Name and Phone Number:

Relationship: _____

Please read the following statements regarding your application and confidentiality carefully.

The information presented in this application is accurate to the best of my knowledge. I have not falsified any information, and I grant the Coordinator of Volunteers with Pembina Active Living (55+) permission to contact individuals I have listed as references on this application.

I understand that if I am accepted as a volunteer with Pembina Active Living (55+), I must undergo a Criminal Record Check with Vulnerable Sector Section (paid by PAL (55+)) and abide by the standards of care outlined by the Policies and Procedures of the Council.

Please read this Code of Confidentiality carefully. As a participant in our volunteer program, it is necessary that you understand and comply with both parts of it.

THE CODE OF CONFIDENTIALITY

As I participate with individuals, I will respect their total privacy concerning the details of their lives. I will not discuss their names, addresses, backgrounds, family relationships or the nature of possible problems except as may be required in the course of duties and responsibilities.

As I participate in Pembina Active Living (55+), I will respect its right to be presented in a favourable light to others. As a volunteer, I am a responsible member of the organization of Pembina Active Living (55+).

Please sign and date the attached Confidentiality Form.

Signature

Date