

WESTPORT SENIOR LIVING VOLUNTEER APPLICATION

Please submit your application and related documents to:

westport.slida@gmail.com or

Westport Senior Living, PO Box 413, Westport ON K0G 1X0

I am interested in volunteering with: WSL ☐ CPHC ☐ both ☐

Name _____

Street address/town/postal code _____

Email (if possible) _____

Phone (required): Landline _____ Cell _____

Best way to contact you (landline, cell, text) _____

Birth date _____ (under 18 requires parental signature below)

Are you currently employed? ☐ Yes ☐ No If yes: ☐ Full time? ☐ Part time?

Are you currently in school? ☐ Yes ☐ No If yes: ☐ Full time? ☐ Part time?

Please check all areas you MIGHT be willing to help with:

- ☐ driving neighbours for errands, social events and other activities (mileage may be reimbursed, depending on our funding)
- ☐ running errands
- ☐ home help (minor repairs or assistance around the house and in the yard)
- ☐ helping with computers or smart phones
- ☐ offering meals for neighbours with emergencies
- ☐ checking the house when owners are absent
- ☐ friendly check-in calls, texts or visits
- ☐ emergency pet care
- ☐ administration/office support
- ☐ anything else? We're interested in your ideas! _____

Please list any working or volunteer experience: _____

Please list any personal skills, hobbies or interests: _____

Please list any physical restrictions that would affect the types of assignments you are comfortable with performing: _____

Do you smoke? ☐ Yes ☐ No

Are you willing to be in a smoker's home or car? ☐ Yes ☐ No

Drivers: Are you willing to refrain from smoking while driving? ☐ Yes ☐ No

Anything else we should know to help make volunteering a positive experience for you?

Please provide contact info for someone (unrelated) who has known you for at least 2 years:

Reference name _____ Relationship _____

Phone number _____ Email _____

ALL VOLUNTEERS - please include:

☐ Vulnerable Sector Check

BEFORE submitting your application, please contact us at 613-840-5200 for a letter confirming that you are a potential volunteer. You will need this letter to apply for the Vulnerable Sector Check required to work with seniors. The Vulnerable Sector Check for volunteers is available free online from the OPP (opp.ca), and takes about 3 weeks.

VOLUNTEER DRIVERS ONLY – please also include:

☐ a copy of your driver's licence

☐ proof of insurance (with \$2m in liability insurance)

☐ a satisfactory driving record (available immediately from any Service Ontario location or online at www.ontario.ca/page/get-driving-record#section-4 for \$12).

Westport Senior Living Volunteer Agreement

As a WSL volunteer, I agree to:

- Treat WSL service recipients, volunteers and others with respect and understanding at all times
- Maintain the confidentiality/privacy rights of WSL service recipients at all times
- Accept assignments only from WSL directly, not from service recipients
- Perform only the requested service; minor additional requests may be performed at the volunteer's discretion
- Refrain from offering professional advice to service recipients
- Contact WSL immediately with any concerns about a service recipient's health or safety

Liability Waiver

I acknowledge that, as a volunteer service provider, I am not an employee of WSL and understand that I will not be paid for any work I perform. I agree to assume all responsibility for any and all risks or events involving damage or injury in the course of my volunteer work and that I am volunteering at my own risk. I fully and forever release WSL, its officers, employees, agents and successors from any loss, cost, damages or other liability that I may incur in the course of my volunteer work.

By signing below, I acknowledge acceptance of the agreement and waiver shown above.

Signature of Volunteer: _____

Print name: _____

Parent/guardian signature for volunteer under 18: _____

Print name: _____

Today's date: _____

**THANK YOU for taking the time to complete this application,
and for your interest in volunteering with Westport Senior Living!**