



APPLICATION FOR PET THERAPY VOLUNTEERS

Date: _____
YY-MM-DD

PERSONAL DATA			
Last Name		Given Names (Include one commonly used)	
Address		Apt.	Phone (Home)
City	Province		Phone (Cell)
Postal Code	e-mail		Phone (Work)
Emergency Contact (Name, Phone Number, Relationship)			<input type="checkbox"/> Youth(13-24) <input type="checkbox"/> Adult <input type="checkbox"/> Staff Member

Will you require parking? ☐ Yes ☐ No Licence plate #: _____

I would like to receive emails from Volunteer Services about volunteer opportunities, the Volunteer Voice Newsletter, satisfaction surveys, Foundation activities and research studies at Baycrest ☐ Yes ☐ No

LANGUAGES				
	Spoken	Read	Write	Translations
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to volunteer for Baycrest?

☐ Prefer to work with clients ☐ Prefer administrative position

PLEASE INDICATE AVAILABILITY BELOW

DAY	MON			TUES			WED			THURS			FRI			SAT			SUN		
TIME	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE

Length of commitment: ☐ 1 year ☐ 6 months ☐ Special assignment: From _____ To _____

☐ Summer(only youth): From _____ To _____

CURRENT WORK/VOLUNTEER STATUS

Occupation/Employer _____

Volunteer Experience _____

Have you ever been an employee, private companion or volunteer at Baycrest? ☐ Yes ☐ No

If yes, please indicate date: (start) _____ to (end) _____

YY-MM-DD

YY-MM-DD

Volunteer Position _____ Employee Position _____ Private Companion _____

Supervisor _____ Supervisor Title _____

Duties/Responsibilities _____

Reason for leaving _____

RECORD OF OFFENSES-DECLARATION

I hereby declare that I have never been charged or convicted of an offence, had an order of judge or justice of the peace including a peace bond, probation order, warrant, or a restraining order related to the following:

- Criminal Code
- The Controlled Drugs and Substances Act or the Food and Drugs Act
- Family Law Act or the Children's Law Reform Act

I understand that as a condition of volunteering at Baycrest, I will be required to provide a satisfactory police reference check, including a vulnerable sector screen. Baycrest Volunteer Services will provide me with the appropriate letter to take to the police station in my region as listed on the information form.

(Only if over 18 years old)

Signature: _____ Date: _____

YY-MM-DD

CONDITIONS OF VOLUNTEER PLACEMENT (Please read carefully)

1. I agree to comply with Volunteer Services requirements and policies as outlined in the Volunteer Handbook, Position Description and Baycrest Code of Conduct.
2. I will be punctual and carry out my duties to the best of my abilities.
3. I will notify my supervisor of any necessary absence from my services as far in advance as possible.
4. I will wear my picture ID Badge while volunteering at Baycrest or pick up a temporary badge.
5. Prior to starting my volunteer placement, I will have attended an orientation which includes WHIMS: Workplace Hazardous Materials Information Systems, submitted the results of a 2 step test for Tuberculosis and a Reference Letter.
6. As a volunteer for Baycrest I agree to abide by and follow the Baycrest Privacy code.
7. As a volunteer for Baycrest I agree to hold in strict confidence, any confidential medical, social, client and financial information that I may come in contact with in my role as a volunteer.

All of the information contained in this application is true and that the misrepresentation of any part of this application will be just and sufficient cause for termination of my volunteer placement. I understand that all of my information, personal or otherwise, collected by Baycrest during the term of my volunteer placement may be viewed by supervising managers within Baycrest in considering me for volunteer positions.

I understand that I am not an employee of Baycrest. I agree to abide by the procedures set forth by Baycrest for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

I, hereby release Baycrest Centre for Geriatric Care, The Jewish Home for the Aged, Baycrest Hospital, The Baycrest Day Care Centre, The Baycrest Centre Foundation (together, Baycrest), its employees, directors, officers, appointed medical staff, donors, sponsors and volunteers from all claims in respect to death, injury, loss or damage to my person or property arising from my participation in programs, classes, activities sponsored by Baycrest or participation in activities for Baycrest as an active participant or spectator.

I give Baycrest permission to obtain or release information pertaining to my volunteer work for the purpose of a reference: ☐ Yes ☐ No

I consent to have a picture/videotape/interview of me for the purpose of obtaining material which may be used in a brochure, internet web page, news story, feature or broadcast for promotional material for Baycrest.

Material may be used again in future for Baycrest, promotional purposes: ☐ Yes ☐ No

Baycrest reserves the right to refuse placement.

I acknowledge and agree that Baycrest may terminate my volunteer placement at any time, at Baycrest's sole discretion, without cause.

By my signature I also authorize Baycrest to conduct a background check of my references.

The personal information requested on this form is necessary to the proper administration of a lawfully authorized activity and, as applicable, is collected in accordance with subsection 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31. The information provided will be used for administration of the volunteer department including communicating with the volunteer and assessing suitability for a volunteer position at Baycrest and the Baycrest Foundation.

Please note that any questions pertaining to the collection of the personal information should be directed to Volunteer Services.

Parent/Guardian Signature _____
(The parent/guardian is only required to sign for youth under 16 years of age)

If accepted as a volunteer I agree to follow the above. Signature _____ Date _____
(Please sign at the time of interview) YY-MM-DD

Witness(Interviewer): _____
Print name Sign

FOR OFFICE USE ONLY

- ☐ Baycrest Volunteer Orientation
- ☐ Key questions for new volunteers
- ☐ Skills checklist
- ☐ Code of Conduct received and will comply with - Signature _____ Date: _____
YY-MM-DD
- ☐ Key Policies in manual received and will comply with - Signature _____ Date: _____
YY-MM-DD
- ☐ Tuberculosis screening
- ☐ Signed reference form
- ☐ Police check including a vulnerable sector screen (only if over 18)
- ☐ TD also known as Tetanus booster/shot (required every 10 years) Date received: _____
YY-MM-DD
- ☐ Flu Shot (Only during flu season November 1st to April 1st)
- ☐ eLearning modules (refer to VSys One)
 - ☐ Accessibility and the Customer Service Standards
 - ☐ Accessibility and the Human Rights Code
 - ☐ Infection Prevention and Control for Volunteers
 - ☐ Managing Responsive Behaviours
 - ☐ Patient Safety
 - ☐ Privacy for Volunteers
 - ☐ Workplace Violence, Workplace Harassment, and Domestic Violence
- ☐ Special Accommodation Required: ☐ Yes ☐ No Comment: _____
- ☐ Birth Date: _____
YY-MM-DD
- ☐ School Attending: _____
- ☐ Conditional Volunteer Placement Preference: _____
- ☐ Interview notes documented in VSys One
- ☐ Passed Pet Visiting Screen done by _____ Date: _____
YY-MM-DD

Comments/Skills/Observations: _____

Baycrest is committed to providing accessible volunteer practices that are in compliance with the Accessibility for Ontarians with Disabilities Act ('AODA'). If you require accommodation for disability during any stage of the recruitment process, please notify Volunteer Services Department at 416-785-2500, ext. 2572.

THANK YOU for applying to Baycrest
3560 Bathurst Street, Toronto, Ontario, M6A 2E1
For current information on volunteer positions visit our website at
www.baycrest.org/volunteer or call 416-785-2500 ext. 2572

www.baycrest.org



Baycrest Health Sciences
is fully affiliated with the
University of Toronto

