



CATEGORY: JOB DESCRIPTION

JOB TITLE: **Volunteer (s) & Application**

CATEGORY NUMBER: JD-710-11

Report to: Lodge Manager

Hours of Work: As designated by the Manager

Probation Period: Three (3) Months

Position Summary:

- The Volunteer (s) will be responsible to the Activity Co-ordinator & Lodge Manager and assist with activities for the residents at the lodge.

Duties and Responsibilities:

- All Volunteers must be oriented to the Foundation by the Lodge Manager or Designate (Form L02).
- All Volunteers are to maintain a professional relationship with the residents of the lodge by performing the duties identified for this position in a courteous, efficient manner.
- To encourage social interaction between residents and the community at large.
- To encourage the independence of each resident.
- To work cooperatively and confidentially with the Activity Co-ordinator and Lodge Manager.
- Adhere to and participate in the Health and Safety Procedures and Policies of the Foundation.
- Perform all duties in a safe and efficient manner.
- Ability to work effectively with other volunteers.
- Must follow the defined lines of communication.

Qualifications:

- Ability to work closely with senior citizens.
- Good communication skills.
- Formal education in an area related to recreation or service to seniors would be an asset.



GREATER NORTH FOUNDATION
"Affordable Senior & Community Housing"

VOLUNTEER APPLICATION

Full Name:
(Please Print)

Date of Birth: dd/ ___ mo/ ___ yr/ ____

Address:

City/Town

Postal Code

Telephone:

Home: _____ Cell: _____ Work: _____

Emergency Contact:

Phone #:

1. Have you volunteered for a similar organization as this before? YES NO (check one)

Where?

List Duties:



2. What skills do you have to offer? (Crafting, woodworking, painting, musical, reading, listening, etc)

List Your Skills:→

3. Why do you wish to volunteer with us?

List Your Reasons:→

4. **Best time(s) for me to Volunteer is:** Mornings Afternoons Evenings Weekends (check one)

5. **Date Available to Start:**

dd/ ___ Mo/ ___ Yr/ ____

6. **Are you a;** Student Retired Other (check one)

7. **List References and Phone Numbers:**

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Volunteer

Date:

A CRIMINAL RECORDS CHECK WILL BE REQUIRED FROM ALL PERSONS VOLUNTEERING WITH OUR FOUNDATION

For Office Use Only: (Staff Comments)