



413 Linwell Road
St. Catharines, Ontario
L2M 7Y2
Phone: 905-935-6822
Fax: 905-935-6847
Web: www.niggv.on.ca

Dear Volunteer Applicant,

Thank you for your interest in the NIGGV Volunteer Program. We are grateful for your time and talents as they will make a big difference in the lives of our residents.

Each volunteer must complete a screening process in order to protect our residents, other volunteers and staff. The screening process also makes it easier to match applicants to the position that would be most beneficial to them. We want your volunteer effort to be a truly rewarding experience. The screening process is outlined below.

1. Application

Please complete the attached Volunteer Application Form and mail or return it to the Administration Office, "B" Building. If your application is selected, you will be contacted for an interview. Interviews will be conducted Monday to Friday between 10 am - 4 pm.

2. References

You will be required to bring the name and telephone number of two (2) character references to the interview. Please do not include family members as character references.

3. Police Vulnerable Sector Check (if applicable to role)

During the interview you will receive a letter to bring to the local police station along with two pieces of I.D. For the safety and protection of our residents, a Police Vulnerable Sector Check is mandatory and is only valid if it has been processed within the last 30 days. There is a fee for the Police Vulnerable Sector Check; however, you will be fully reimbursed after 40 hours of service.

4. Additional Information

- A minimum of 40 hours is required from all volunteers.
- A two-step TB skin test is required (if applicable to role) and will be fully reimbursed after 40 hours of service.
- An annual flu shot is recommended.

Thank you again for your interest in volunteering at NIGGV. I look forward to receiving your application!

Sincerely,

NIAGARA INA GRAFTON GAGE VILLAGE

Mary Gordon
Volunteer Coordinator

MG/mj



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Niagara Ina Grafton Gage Village

Volunteer Application

Personal Information

Name: _____ Date: _____
Last First

Address: _____
Apt. Street

City Province Postal Code

Telephone: _____ Cell No: _____ Languages: _____

Email: _____

Preferred Method of Communication: Phone Email TTY Mail In-Person

In an emergency call: _____

Telephone No: _____ Relationship to you: _____

Qualifications

Why do you want to volunteer? Explain: _____

What volunteer experience have you had? Explain: _____

What previous/and or work experience have you had? Explain: _____

Computer Skills: Yes No

As a volunteer, what special skills, interests, and/or training would you like to use? Explain: _____

Availability

- When would you be available to volunteer? Morning Afternoon Evening
- Which day(s) would you prefer? Monday Tuesday Wednesday
Thursday Friday Saturday
Sunday
- How many hours would you be available to volunteer every week?
1 hour 2 hours 3 hours
Other

Areas of Interest

Indicate the areas in which you are most interested:

- | | |
|---|--|
| <input type="checkbox"/> Tuck/Gift Shop | <input type="checkbox"/> Student Placement |
| <input type="checkbox"/> Office
(photocopying, mail outs, etc.) | <input type="checkbox"/> Library |
| <input type="checkbox"/> Dining Room
(bus tables, carry trays, assist seniors) | <input type="checkbox"/> Swim Buddy |
| <input type="checkbox"/> Bus Driver (will train)
(requires 'F' Licence) | <input type="checkbox"/> Gardening/Watering Plants |
| <input type="checkbox"/> SMS Meal Delivery (vehicle provided) | <input type="checkbox"/> Grocery Bus Helper |
| <input type="checkbox"/> Welcome Committee | <input type="checkbox"/> Activation (Long-Term Care) |
| <input type="checkbox"/> Friendly Visitor - in person (requires home visit to client) or by phone | <input type="checkbox"/> Pastoral Services |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Recreation Programs |
| | <input type="checkbox"/> Restorative Assistance |

Friendly Visiting Program

I am interested in the following activities/hobbies: (check all that apply)

- | | | | |
|--|---|--|----------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Playing Cards/Games | <input type="checkbox"/> Billiards | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Watching Sports | <input type="checkbox"/> Coffee/Tea & Socializing | <input type="checkbox"/> Going for Walks | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Knitting/Sewing | <input type="checkbox"/> Computers | <input type="checkbox"/> Music | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Pastoral Services | <input type="checkbox"/> Other: _____ | | |

Comments: _____

Student Placement

If you are a student, what is the name of school/college/university you are attending?

_____ Grade/Year: _____

If this is a placement, give name and telephone number of your teacher/professor:

Name: _____ Telephone: _____

How many hours are you required to complete? _____

Note: A minimum of 40 hours is required from all volunteers.

For the safety and protection of NIGG residents, it is a requirement that all staff, paid and unpaid, undertake a **Police Vulnerable Sector Check** for any criminal record prior to starting here as a volunteer. There is a fee for this, which will be refunded to you by NIGG once you have been accepted as a volunteer and complete a minimum of 40 hours. In addition, a skin test for **TB is required** if applicable to your role. An annual flu shot is also recommended.

If applicable to your role, it is a requirement that new volunteers grant NIGGV permission to contact two independent references. Preferably, these should be previous or current employees, teachers, professors, or professional people. Parents, siblings, or friends are not accepted.

If there is any specific area of NIGG in which you would like to volunteer, please inform the Volunteer Coordinator at the time of the interview.

Thank you for choosing Niagara Ina Grafton Gage Village as the place to share your time and talents. We are very grateful for this gift, as it will make a big difference in the lives of our residents.

References:

Name	Relationship	Telephone

Privacy Statement

Niagara Ina Grafton Gage Village respects your privacy and will protect your personal information. Personal information will be used to keep you informed about activities, special events, training, education opportunities, information updates, and opportunities to volunteer. If at any time you wish to be removed from any of these mailings, or do not wish to be photographed, please call Mary Gordon, Volunteer Coordinator, at 905-935-6080, Ext. 224.

Declaration (to be signed by all applicants)

I understand that this is an application for a volunteer opportunity and that a placement is not guaranteed. I certify that to the best of my knowledge the above information is accurate and complete.

Signature: _____ **Date:** _____

For Office Use:

Date of Interview: _____ Orientation Date: _____

Department Placed: _____ Start Date: _____

Police Check TB Reimbursement for Police Check

Volunteer Coordinator: _____ Database Updated