

# Volunteer Application



Date of Application: \_\_\_\_\_  
(YYYY/MM/DD)

Thank you for your interest in volunteering with Carewest.

We encourage all applicants to visit our website [www.carewest.ca](http://www.carewest.ca) to learn more about our company and current volunteer openings.



**Note:** The minimum age to volunteer is 16 years.

Please submit your completed application form using one of the following methods:

Mail or Deliver to: Carewest Administration  
10101 Southport Road SW  
Calgary, AB T2W 3N2

Fax: 403-943-8179

Email: [carewest.hr@albertahealthservices.ca](mailto:carewest.hr@albertahealthservices.ca)

If you have any questions regarding your volunteer application and/or Carewest's volunteer opportunities please contact Recruitment at 403-943-8170 or 403-943-8171.

## Personal Information:

Surname:	First Name:	Second Name:	Preferred Name:
Address:		Postal Code:	
Home Phone:	Alternate Phone:	E-mail:	

**Do you have any criminal convictions for which a pardon has not been granted?**     YES     NO  
*In compliance with the Protection for Persons in Care Act (PPCA) Carewest must obtain a current vulnerable sector criminal records check for every new hire and volunteer. Carewest will accept a vulnerable sector criminal records check dated within one hundred eighty (180) days prior to commencement of duties.*  
**Note:** We require the completed Vulnerable Sector Criminal Records Check prior to offers of volunteer employment. Carewest does not normally hire persons with active criminal records for which a pardon has not been obtained.

### Why do you want to volunteer at Carewest?

- Required for school. Number of hours required \_\_\_\_\_
- Personal growth and satisfaction.
- Other      Please Explain \_\_\_\_\_

What hobbies and interests do you have?

Any additional information you would like to bring to our attention?

## Volunteering Preferences:

### Area(s) applying for:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Community Outing    | <input type="checkbox"/> Leisure Activities | <input type="checkbox"/> No preference           |
| <input type="checkbox"/> One to One Visiting | <input type="checkbox"/> Pastoral Care      | <input type="checkbox"/> Non Resident Activities |
| <input type="checkbox"/> Rehab and Recovery  | <input type="checkbox"/> Gift Stores        | <input type="checkbox"/> Unknown at this time    |
| <input type="checkbox"/> Community Programs  | <input type="checkbox"/> Palliative Care    | <input type="checkbox"/> Other _____             |

### Available to work:

- One Time    Weekly    Monthly    Would like to discuss in person
- Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Any Day

### Shift Preference(s):

- Morning    Afternoon    Evening    Flexible

What is your volunteer time commitment? (i.e. hrs/week) \_\_\_\_\_

### Site Preference(s):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Carewest Administration (Southport)<br>10301 Southport Lane SW | <input type="checkbox"/> Carewest George Boyack<br>1203 Centre Avenue East                         | <input type="checkbox"/> Carewest Royal Park<br>4222 Sarcee Road SW               |
| <input type="checkbox"/> Carewest Colonel Belcher<br>1939 Veterans Way NW               | <input type="checkbox"/> Carewest Glenmore Park<br>6909 - 14 Street SW                             | <input type="checkbox"/> Carewest Rouleau Manor<br>2208 2 <sup>nd</sup> Street SW |
| <input type="checkbox"/> Carewest Dr. Vernon Fanning Ctr.<br>722 - 16th Avenue NE       | <input type="checkbox"/> Carewest Nickle House<br>950 Robert Road NE                               | <input type="checkbox"/> Carewest Sarcee<br>3504 Sarcee Road SW                   |
| <input type="checkbox"/> Carewest Garrison Green<br>3108 Don Ethell Blvd. SW            | <input type="checkbox"/> Carewest OSI Clinic<br>Market Mall, Suite 203<br>3625 Shaganappi Trail NW | <input type="checkbox"/> Carewest Signal Pointe<br>6363 Simcoe Road SW            |
| <input type="checkbox"/> Carewest Beddington<br>308, 8120 Beddington Blvd NW            |  | <input type="checkbox"/> No Preference  |

## Background Information:

Have you previously volunteered at Carewest?    YES    NO      Last Volunteer Year : \_\_\_\_\_

Are you a current Carewest employee?    YES    NO  
Have you been previously employed at Carewest?    YES    NO      Year of Termination: \_\_\_\_\_

### Where did you hear about Carewest?

- Carewest Website
- Referred (Give name of Carewest employee) \_\_\_\_\_
- Agency
- Word of Mouth
- Calgary Sun
- Calgary Herald
- Educational Institution
- Other Care Facility
- Other \_\_\_\_\_

## Experience:

Provide a brief description of current/previous volunteer experience and work experience. If there is anything else you would like us to know about you, please provide a brief description.

## References:

I am applying to volunteer with Carewest and I hereby authorize my previous employers to release information relating to my employment and / or educational background.

Reference Name	Title	Phone Number/E-mail Address

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Have you attached a resume or additional information?  Yes  No

Carewest thanks all applicants for their interest, only those who meet the requirements will be contacted. All volunteer applications are reviewed with consideration of current opportunities. Your application will be kept on file for 3 months.

The personal information on this form will only be collected and shared for purposes outlined in the Freedom of information and Protection of Privacy Act and Health Information Act which includes: determining eligibility for employment; determining eligibility for Carewest programs and services; for programs designed to evaluate and improve Carewest programs and services; for the operation of approved Carewest education and research programs and services; and for legal requirements where these purposes are consistent with the FOIPP and HIA Act and under the Alberta Labour Relations and Employment Standards Codes. If you have any questions regarding the collection of information you may contact the Carewest Manager of Information Management & Privacy, 722 - 16 Avenue NE, Calgary, AB T2E 6V7.

At Carewest, we work to the standard of our Frame of Reference and the Guiding Principles to our Philosophy of Care

For more information, please visit [www.carewest.ca](http://www.carewest.ca)