

Volunteer Application

Thank you for your interest in volunteering with Carewest.

We encourage all applicants to visit our website www.carewest.ca to learn more about our company and current volunteer openings. A fillable PDF version of this form can also be found on our website.

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 Email: carewest.hr@ahs.ca
 10101 Southport Road SW, Calgary, AB, T2W 3N2

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:
Primary 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 provide us with more information in the space below)

Please tell us what are some of your hobbies and interests?

Volunteering Preferences

Area(s) applying for: (Check all applicable boxes)

<input type="checkbox"/> Community Outing	<input type="checkbox"/> Leisure Activities	<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"/> Community Programs
<input type="checkbox"/> Palliative Care	<input type="checkbox"/> No preference/Unknown	<input type="checkbox"/> Other: _____	

Availability: (Check all applicable boxes)
 Frequency: One Time Weekly Monthly Would like to discuss in person
 Day of week preference(s): Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Shift preference(s): Morning Afternoon Evening Weekend
 What is your available volunteer time commitment per shift? (i.e. hours/week) _____

Site Preference(s): (Check all applicable boxes)

- | | | |
|---|---|--|
| <input type="checkbox"/> Carewest Administration (Southport Tower)
10301 Southport Lane SW | <input type="checkbox"/> Carewest Garrison Green
3108 Don Ethell Blvd. SW | <input type="checkbox"/> Carewest Rouleau Manor
2208 2nd Street SW |
| <input type="checkbox"/> Carewest Beddington
308, 8120 Beddington Blvd NW | <input type="checkbox"/> Carewest George Boyack
1203 Centre Avenue East | <input type="checkbox"/> Carewest Royal Park
4222 Sarcee Road SW |
| <input type="checkbox"/> Carewest Colonel Belcher
1939 Veterans Way NW | <input type="checkbox"/> Carewest Glenmore Park
6909 - 14 Street SW | <input type="checkbox"/> Carewest Sarcee
3504 Sarcee Road SW |
| <input type="checkbox"/> Carewest Dr. Vernon Fanning Centre
722 - 16th Avenue NE | <input type="checkbox"/> Carewest Nickle House
950 Robert Road NE | <input type="checkbox"/> Carewest Signal Pointe
6363 Simcoe Road SW |
| | <input type="checkbox"/> Carewest OSI
Market Mall, Suite 203
3625 Shaganappi Trail 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
- Other (please tell us where you saw this opportunity): _____

Experience:

Provide a brief description of your current and previous volunteer and work experience, and any additional information you would like us to know about you.

References Contact Information

Reference Name	Title	Phone Number/E-mail Address

Applicant's Signature: _____ **Date:** _____

Did you attached a resume or any additional information? Yes No

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 Carewest.ca

Carewest thanks all applicants for their interest. However, only those who meet the requirements will be contacted. All volunteer applications are reviewed with consideration of current and future 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.