

Lennox & Addington
Seniors Outreach Services Inc.
Volunteer Application

		Office Use Only			
Training Bill 168		Interview		Nesda	
Orientation P.P.		CPIC/SO Pardon		Photo ID	
Card sent		Refer. Check		Driver Agree.	
e-mail added		REGULAR		Driver Abstract	Date?
		DRIVER		Insurance letter	Date?

Last Name:	First Name:
Mailing Address:	Civic Address:
City:	Postal Code:
Home Phone:	Business Phone: Cell Phone:
Email Address:	Gender:
Date of Birth:	Spouse:
Emergency Contact:	Emergency Contact Phone: Cell Phone:

“Tell me about yourself” – Work and volunteer experience, skills, training

Health or physical limitations:	
Speak other languages (specify)	
Driver License:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Number
Photo Consent for advertising/promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No

References: (one work, if available, one character-2 character are acceptable)

Name	Phone	Name	Phone

Parental Consent (for volunteers 18 or under) _____ Date: _____

This information provided is now a part of the SOS database and will be used to keep you informed and up to date on SOS's activities including programs, funding needs and other volunteer opportunities. If at any time you wish to be removed from the SOS database regarding mailing requests, simply contact us by phone 613-354-6668 and we will gladly accommodate your request.

Volunteer opportunities to assist staff in providing service to seniors

Meals on Wheels

- Deliver in Napanee on Mon, Wed or Fri
- Deliver in Amherstview on Mon or Fri
- Deliver in Bath on Mondays

Kitchen Help

- Prep work
- Packing meals
- Dishes and clean up

Frozen Meal Delivery across Lennox and Addington (south of Hwy 7)

- ✓ Routes are broken down into geographical areas
- ✓ Volunteers deliver once a month in their area

Diners Volunteer

- Napanee Odessa Moscow
- ✓ Community dining for lunch on Thursdays
- ✓ Help with setup, serving, taking in money and clean up

Medical Transportation Driver

- ✓ Drive clients to medical appointments
- ✓ Reimbursement of \$0.45/km (from the client's home) to cover gas--goes through SOS to driver
- ✓ Drivers to transport participants to and from our Adult Day Program

Van Driver (Wheelchair accessible van)

- ✓ Transport physically challenged individuals or groups to medical appointments or social functions.

- will transport on weekends

Quality Control Survey Calls Volunteer

Fundraising Committee

Clerical and Other Opportunities

- Reception
- Phone calling
- Sell Tickets for Annual Raffle
- House Tour Volunteer

Data Entry Clerk

- ✓ Provide staff support entering data, statistics and other

Board Member

Newsletter

- Desktop Publisher/Editor
- Contributor
- Folding
- Distribution

Adult Day Service (Napanee, Amherstview)

- ✓ For individuals facing the challenges of Alzheimer's, dementia, stroke, isolation, etc.
- ✓ Help lead/assist with activities (i.e.: crafts, sing, bake, garden, paint, woodworking etc.)

- Foot Care Clerks—Amherstview, Bath or Centreville- Skilled foot care is provided by an RN
- ✓ help take payments and book appointments

Income Tax & Form Assistance Clerks

- ✓ Annual Program in Spring
- ✓ Training provided on how to prepare a low income tax return.

Fitness Instructor

- ✓ SOS will train volunteers to teach fitness at various levels.

Instructors/Leaders – Painting, Arts, Social activities, Education, Computer, card games, etc.

- ✓ Instructing/ facilitating a class at our Activity Centre

Committee Work

- Programming Committee
- Marketing and Communications Cpmmittee
- Sponsorship Committee

CONFIDENTIALITY AGREEMENT with Lennox & Addington Seniors Outreach Services Inc. (L&A SOS)

I, _____ understand that in the course of volunteering I may be dealing with information from staff on a need to know basis that is considered to be confidential. Information pertaining to clients, members, volunteers, staff, or L&A SOS as a whole.

I will respect the confidentiality of any information, whether verbal, written or computerized, while volunteering and after leaving L&A SOS. I will return any L&A SOS documents and my identification badge for disposal when I leave the organization. **I understand that failure to maintain confidentiality may result in my removal and/or dismissal of volunteering with L&A SOS.**

Signature of Volunteer

Dated

Staff Witness (please print)

Volunteer Name (please print)

HEALTH AGREEMENT with Lennox & Addington Seniors Outreach Services Inc. (L&A SOS)

In the course of volunteering with L&A SOS it is imperative to the safety of the organization that I am forthright about any personal medical conditions or concerns that may develop.

If at any time my medical circumstances should change in such a way to potentially jeopardize clients, members, volunteers, staff, or L&A SOS as a whole, I will inform my Program Coordinator or another staff person. I understand and agree that I could be asked to provide a statement from my physician stating when I am capable of safely resuming my responsibilities.

Medical concerns may include, but are not limited to; communicable diseases, surgery, heart attack, stroke, cancer treatment, etc. Staff and clients ask that when I am sick with a cold or flu to please stay home until I feel 100%.

Signature

Date

Staff Witness (please print)

RELEASE, WAIVER AND INDEMNITY with Lennox & Addington Seniors Outreach Services Inc. (L&A SOS)

I hereby agree to release, absolve, and hold harmless the L&A SOS, its volunteers, employees and directors from and against any blame and liability for injury, loss, inconvenience or damage hereby suffered or sustained as a result of my participation with L&A SOS.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

Signature of Volunteer _____

Staff Witness _____

Please print name _____

Date _____

Signature of Parent/Legal Guardian (If volunteer is under age 18)

Date _____