

**Lennox & Addington
Seniors Outreach Services Inc.
Volunteer Application**

Start Date: _____

Office Use Only				
Training Bill 168		Interview		Certifications (CPR/First Aid/Other)
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 us 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

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

- Board Member
- Committee Work
 - Public Relations
 - Sponsorship Committee
 - Fundraising Committee
- Quality Control Survey Calls
- Data Entry Clerk

Provide staff support entering data, statistics and other
- Newsletter
 - Desktop Publisher/Editor
 - Contributor
 - Folding
 - Distribution
- Income Tax & Form Assistance Clerks
 - ✓ Annual Program in Spring
 - ✓ Training provided on how to prepare a low income tax return.
- 55Plus Group Leader
 - ✓ Strength
 - ✓ Yoga/Chair Yoga
 - ✓ Tai Chi/ Qi Gong
 - ✓ Stretch
 - ✓ Zumba/Line Dancing
 - ✓ Arts & Crafts
 - ✓ Textile Arts
 - ✓ Cards
 - ✓ Educational
 - ✓ Other

Clerical and Other Opportunities

- Reception
- help take payments and book appointments
- House Tour Volunteer
- Phone calling
- Sell Tickets for Annual Raffle

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 confidential information from staff on a need to know basis; 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

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 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 requested 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.

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 have carefully read this release, understood, and agreed 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 _____