

MIRAMICHI LODGE
725 Pembroke Street West
PEMBROKE, ON, CANADA
K8A 8S6



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MIRAMICHI LODGE VOLUNTEER APPLICATION

Name: _____ Telephone #, Home: _____ Work: _____

Address: _____ Postal Code: _____

E-mail Address: _____

What attracted you to our home? _____

What skills, abilities and experience can you bring to a volunteer position with us? _____

Previous experience with seniors? Yes No Explain: _____

Hobbies and Interests: _____

Community affiliations (clubs, organizations, etc.): _____

Education: High School College University Other Explain: _____

Are you considering a commitment that is: short term (< 6 months) long term

Have you ever been convicted of a criminal offence for which you have been granted a pardon?

Explain _____

Are you actively seeking employment: Yes No Language (s) Spoken: _____

References:

1. Name: _____ Relationship: _____ Telephone Number: _____

Full Address: _____

2. Name: _____ Relationship: _____ Telephone Number: _____

Full Address: _____

Pursuant to Section 29 (1) (a) of the Municipal Freedom of Information and Protection of Privacy Act, 1989,

I _____ authorize Miramichi Lodge to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file(s). These persons are authorized to disclose such information.

Miramichi Lodge is an accredited Long Term Care Home that provides a high standard of resident-focused care. With the support of dedicated staff, volunteers and community partners, our knowledgeable team promotes enhanced lifestyle opportunities through a variety of specialized programs and unique services.

Emergency Contact:

Name: _____ Relationship to you: _____

Address: _____

Telephone Number, Home: _____ Work: _____

In what capacity are you interested in volunteering? (Select all that interest you) Auxiliary

Musical Entertainment Friendly Visiting Bingo Medical Escort Gift Shop Library

Hairdresser Assistant Recreation (activities) Palliative Care Fundraising

Rehabilitation Meals on Wheels Pastoral care Pleasurable Dining

Community Walking Program Miramichi Lodge Foundation Other (specify)

Availability: M T W T F S S Times of day: _____

Would you rather work: on your own with a group with a partner

What do you consider to be your strengths? _____

What do you consider to be your weakness? _____

What do you expect to learn or gain from your involvement with our home? _____

Date: _____

Signature: _____

Thank for your interest in volunteering with Miramichi Lodge. Only successful applicants will be contacted for a one-to-one interview. A criminal reference check is required for those over 18.

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