



**How did you hear of Cassellholme and Volunteer Opportunities?**

Radio                      Television      Educational Institute  
 Friend/Relative      Newspaper      Cassellholme Volunteer  
 North Bay Volunteer Centre      Other (Please specify): \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

(please circle the volunteer opportunities that you would be most interested in)

<b>RECREATION ACTIVITIES</b>	<b>FOOD SERVICE</b>	<b>PASTORAL CARE</b>	<b>ADMINISTRATION</b>	<b>OTHER</b>
Bingo	*Assisting to feed residents	Hymn sing program	Computer	*One-to-one
Cooking	Beverage server	*Palliative care	Office/clerical skills	
Singing	Lunch server	Worship services		
Baking	Dinner server	*Therapeutic touch		
Walking		Spiritual circle		
Crafts		Rosary service		
Beauty/Manicures Hair care		*Pastoral Care		
Special occasion parties				
Fitness				
Games (puzzles/cards)				
Outings				

**\* These programs require special training or additional qualifications. Contact the Volunteer Coordinator for more information.**

**Briefly describe any experience or expertise you have which may benefit Cassellholme.**

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**Please indicate the times you are available to volunteer.**

Weekdays (Mon.-Fri.) \_\_\_\_ Weekday Evenings \_\_\_\_ Weekends (Sat. and Sun) \_\_\_\_ Flexible \_\_\_\_

**List name and phone number of two personal references:**

(example: neighbour, past volunteer, former teacher, past employer)

**NOTE: PERSONAL REFERENCES CANNOT INCLUDE FAMILY MEMBERS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**In case of emergency whom can we notify?**

Name: \_\_\_\_\_ Phone No. (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell. Phone No. \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

I understand that:

- the information that I have provided may be verified, and I give Cassellholme permission to make inquiries of others that may include a criminal background check to determine my suitability to volunteer.
- in the course of volunteering for Cassellholme, I may be dealing with confidential information and I agree to keep such information in the strictest confidence.
- the relationship between Cassellholme and volunteers is an “at will” arrangement and it may be terminated at any time without cause by either the volunteer or Cassellholme.
- It is the volunteer’s responsibility to notify the Volunteer Coordinator 48 hours in advance if they are unable to make an activity (occasional exception can be made).

- If a volunteer misses repeated events without informing the Volunteer Coordinator in advance, the person will be asked not to volunteer at Cassellholme any longer.
- in the course of volunteering for Cassellholme, I will be required to participate in a training session.

**I AFFIRM THAT I HAVE READ THE ABOVE AND THAT THE INFORMATION I HAVE GIVEN IS TRUE AND COMPLETE.**

Volunteer signature \_\_\_\_\_ Date: \_\_\_\_\_

Parental signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for volunteers under age of 18)

**Please return completed forms to Volunteer Coordinator**

**THANK YOU FOR YOUR INTEREST IN  
CASSELLHOLME.**

*You help to make us the heart of the community!*

