



**The Corporation of the Municipality of Chatham-Kent**

The Municipality strives to create a culture of volunteer engagement, offering volunteer opportunities in a variety of areas that directly contribute to enhancing the quality of life for the citizens of Chatham-Kent. Volunteer involvement is based on the successful completion of further screening measures which may include a Police Records Check and the availability of a suitable role. The Municipality will make reasonable accommodations available for those with disabilities, upon request. All information gathered will be kept confidential and will be used only by the Municipality. Please print clearly. Thank you for completing this form.

Please check which category applies to you:

- Adult Volunteer     
  Student Volunteer     
  Co-op Student Secondary School

**General Information**

First Name:	Known as:	Last name:
911 Street Address:		Apartment/Unit #:
Rural Route:	PO Box:	City/Town:
Province:	Postal Code:	
Primary Telephone:	Other Telephone:	
E-mail address:	Preferred contact method:	
Date of birth ** (year/month/day):	Do you possess a valid driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*\* required field for training purposes only

**Emergency Contact Information**

Name:		Relationship:	
Telephone:	Home	Cell	Work
Email address:			

<b>Completed by: (print name)</b>	
<b>Date completed:</b>	
<input type="checkbox"/> Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date and name, above.	

**Office Completion Only**

Department (check one): <input type="checkbox"/> CAO <input type="checkbox"/> CD <input type="checkbox"/> CHS <input type="checkbox"/> CS <input type="checkbox"/> FBIS <input type="checkbox"/> Fire <input type="checkbox"/> IES <input type="checkbox"/> PUC		
Division:	Section:	
Home business unit:	Work location:	
Supervisor/Municipal contact:	Supervisor employee #:	
Issue CK ID #:	Or Returning volunteer #:	Alternate #:
Job code #:		
Other comments: (include start date)		

Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA) and will be used exclusively to register you as a new volunteer of the Municipality of Chatham-Kent. The Municipality of Chatham-Kent respects the privacy of its volunteers. At no time does the Municipality of Chatham-Kent sell or distribute its volunteer list.

**AGREEMENT**

I understand that I am responsible for obtaining and presenting an original Criminal Reference Check for the Vulnerable Sector before I will be accepted into placement.

I understand the information on this application is subject to verification and thereby grant permission to Riverview Gardens to contact my reference(s).

I hereby authorize persons or former employers contacted by Riverview Gardens to release any information regarding my association with them. I also agree that no liability or damage shall accrue to the reference who provides such information.

I understand that if I am accepted as a Volunteer, I will be required to sign Riverview Gardens' Policy on Conflict of Interest and Confidentiality.

I understand that I am required to have a two-step T.B. test completed. I agree to do so and return the results to the Co-ordinator of Volunteer Services.

I acknowledge that I am a volunteer offering my services to perform a variety of tasks to enhance the quality of life for the residents of Riverview Gardens.

The facts that are outlined above on my application are true and complete. I understand that if I am selected, any false statements on this application shall be deemed to be cause for immediate dismissal.

All information on this Volunteer Application Form whether submitted online or in paper directly to the Corporation of the Municipality of Chatham-Kent Senior Services will be entered to a website owned by Volgistics Inc. and not the Corporation of the Municipality of Chatham-Kent. Volgistics is a third party which manages and stores all information on volunteers collected by the Corporation of the Municipality of Chatham-Kent Senior Services, including, but not limited to this application and all personal information contained herein (ex. name and contact information). Volgistics currently stores this information on servers located outside of Canada. This information will be subject to the laws of the country where it is kept. By submitting this application, you agree and understand that the Corporation of the Municipality of Chatham-Kent is not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. You consent and agree that the information provided in this application be provided to Volgistics to be stored for the purpose of managing your volunteer application. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at [www.volgistics.com](http://www.volgistics.com).

\_\_\_\_\_  
Signature Date

**Student Volunteers between the age of 14 and 18 require Parental / Guardian Consent**

My daughter/son \_\_\_\_\_ has my permission to serve as a volunteer at Riverview Gardens.

Has she/he any physical limitations which would govern the kind of assignment given? Yes  No

\_\_\_\_\_  
Signature of Parent / Guardian Print Name Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent / Guardian Print Name Date

Please call or fax volunteer form to:  
Supervisor Activation/Coordinator of Volunteer Resources, Riverview Gardens  
Phone: 519-352-4823 ext. 6123 Fax: 519-352-2891



VOLUNTEER SERVICES  
**VOLUNTEER REFERENCE**

The individual who provided this form is applying to volunteer at Riverview Gardens Long Term Care. References are required for an application to be complete.

In order for this reference to be accepted, it must be received directly from you to Volunteer Services (do not return it to the applicant). **Please complete this form within two weeks of receipt and send it to:** [alyssah@chatham-kent.ca](mailto:alyssah@chatham-kent.ca) or [connier@chatham-kent.ca](mailto:connier@chatham-kent.ca)

or

Riverview Gardens LTC  
C/O Connie Redmond  
519 King Street W.  
Chatham, Ontario  
N7M 1G8

**Name of Applicant:**

**Name of Reference:**

**Telephone:**

1.) In what context do you know the applicant?

2.) How does the applicant relate to others? Please provide an example.

3.) What qualities/abilities does the applicant have that would be valuable in performing a Long Term Care Home role which interacts with residents/families and offers service excellence? Please describe the qualities /abilities and how they would apply to volunteering.

4.) Is the applicant reliable enough to honour a commitment to volunteer on a regular basis?

5.) What is one area you would recommend the applicant develops or strengthens?

6.) Would you recommend the applicant as a volunteer at Riverview Gardens Long Term Care? Please explain?

7.) Is there anything else you would like to comment on regarding the applicant?