



Volunteer Application

Date of Application: _____
(YYYY/MM/DD)

Thank you for your interest in volunteering with Carewest.
We encourage all applicants to visit our website www.carewest.ca to learn more about our company and current volunteer openings.

Note: You must be 16 or over to volunteer with Carewest.

Please submit your completed application form using one of the following methods:

Mail or Deliver to: Carewest Administration
10101 Southport Road SW
Calgary, AB T2W 3N2

Fax: 403-943-8179

Email: carewest.hr@albertahealthservices.ca

If you have any questions regarding your volunteer application and/or Carewest's volunteer opportunities please contact Recruitment at 403-943-8156 or 403-943-8171.

Personal Information:			
Surname:	First Name:	Second Name:	Preferred Name:
Address:			Postal Code:
Home Phone:	Alternate Phone:	E-mail:	
Do you have any criminal convictions for which a pardon has not been granted? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Note: Carewest requires all volunteers to complete a criminal records check)</i>			
Why do you want to volunteer at Carewest? <input type="checkbox"/> Required for school; number of hours required _____ <input type="checkbox"/> Personal growth and satisfaction. <input type="checkbox"/> Other Please Explain _____			
What hobbies and interests do you have?			
Any additional information you would like to bring to our attention?			

Volunteering Preferences:

Area(s) applying for:

Community Outing Leisure Activities No preference
 One to One Visiting Pastoral Care Non Resident Activities
 Rehab and Recovery Gift Stores Unknown at this time
 Community Programs Palliative Care Other _____

Available to work:

One Time Weekly Monthly Would like to discuss in person
 Sundays Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Any Day

Shift Preference(s):

Morning Afternoon Evening Flexible
 What is your volunteer time commitment? (i.e. hrs/week) _____

Site Preference(s):

<input type="checkbox"/> Carewest Administration (Southport Tower) 10301 Southport Lane SW	<input type="checkbox"/> Carewest George Boyack 1203 Centre Avenue East	<input type="checkbox"/> Carewest Royal Park 4222 Sarcee Road SW
<input type="checkbox"/> Carewest Colonel Belcher 1939 Veterans Way NW	<input type="checkbox"/> Carewest Glenmore Park 6909 - 14 Street SW	<input type="checkbox"/> Carewest Sarcee 3504 Sarcee Road SW
<input type="checkbox"/> Carewest Dr. Vernon Fanning Ctr. 722 - 16th Avenue NE	<input type="checkbox"/> Carewest Nickle House 950 Robert Road NE	<input type="checkbox"/> Carewest Signal Pointe 6363 Simcoe Road
<input type="checkbox"/> Carewest Garrison Green 3108 Don Ethell Blvd. SW	<input type="checkbox"/> Carewest OSI Clinic Market Mall, Suite 203 3625 Shaganappi Trail NW	<input type="checkbox"/> No Preference

Background Information:

Have you previously volunteered at Carewest? YES NO Last Volunteer Year : _____
 Are you a current Carewest employee? YES NO
 Have you been previously employed at Carewest? YES NO Year of Termination: _____

Where did you hear about Carewest?

Carewest Website
 Referred (Give name of Carewest employee) _____
 Agency
 Word of Mouth
 Calgary Sun
 Calgary Herald
 Educational Institution
 Other Care Facility
 Other _____

Volunteer Experience:

What current/previous volunteer experience do you have? (include your assignments/duties)

Work Experience:

What current/previous work experience do you have? (include your assignments/duties)

References:

I am applying for employment with Carewest and I hereby authorize my previous employers to release information relating to my employment and / or educational background.

Reference Name	Title	Phone Number/E-mail Address

Applicant's Signature: _____ **Date:** _____

Have you attached a resume or additional information? Yes No

Carewest thanks all applicants for their interest. All volunteer applications are reviewed with consideration of current opportunities. Your application will be kept on file for 3 months.

The personal information on this form will only be collected and shared for purposes outlined in the Freedom of information and Protection of Privacy Act and Health Information Act which includes: determining eligibility for employment; determining eligibility for Carewest programs and services; for programs designed to evaluate and improve Carewest programs and services; for the operation of approved Carewest education and research programs and services; and for legal requirements where these purposes are consistent with the FOIPP and HIA Act and under the Alberta Labour Relations and Employment Standards Codes. If you have any questions regarding the collection of information you may contact the Carewest Manager of Information Management & Privacy, 722 - 16 Avenue NE, Calgary, AB T2E 6V7.