



*Saint Vincent's*  
Nursing Home

2080 Windsor Street,  
Halifax, NS B3K 5B2  
Phone: 902-429-0550  
Email: [info@svnh.ca](mailto:info@svnh.ca)  
Web: [www.svnh.ca](http://www.svnh.ca)

At Saint Vincent's Nursing Home our mission is to provide quality care and services in a home-like atmosphere.

We are dedicated to fostering a nurturing environment for residents, family, employees, physicians, volunteers, and students; one that recognizes their physical, emotional, social, spiritual, and cultural needs. We respect the aging process and support our residents' right to make choices.

In keeping with this mission and the expressed needs of the community, *promoting quality of life* is the cornerstone of all care, services and programs.

Applicants should consider the following prior to applying for a position:

- Do I believe in the *dignity*, *worth* and *uniqueness* of every person?
- Do I believe in the *respectful* and *individual treatment* of each person?
- Can I contribute to the *compassionate care* in a home-like and nurturing environment?
- Am I willing to learn from and work with other people?

If the answers to these are yes, please help us find the most satisfying and appropriate volunteer service for you by providing some information on yourself. **PLEASE PRINT**

### PERSONAL INFORMATION

Name : \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No. Street City Postal Code

Phone : \_\_\_\_\_  
Day Evening Cell

Email : \_\_\_\_\_

In case of emergency, who should we contact?:

\_\_\_\_\_  
Name Relationship Phone Number

Academic Status:  FT  PT School/Program: \_\_\_\_\_

Employment Status:  FT  PT  Casual  Work at home  
 Retired  Other: \_\_\_\_\_

## EXPERIENCE

We value both tradition and nontraditional education and paid and unpaid work experiences that have helped you develop the skills and knowledge to be a volunteer. Please tell us about your background.

**Current / Past Work Experience or Academic History:** \_\_\_\_\_

\_\_\_\_\_

**Current / Past Volunteer Experience (include and Nursing Home or Senior related experience):**

\_\_\_\_\_

\_\_\_\_\_

**Special skills, Training, Interest or Hobbies:** \_\_\_\_\_

\_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

\_\_\_\_\_

**Reason for Volunteering at Saint Vincent's:** \_\_\_\_\_

\_\_\_\_\_

**How did you hear about Volunteering at Saint Vincent's?:** \_\_\_\_\_

\_\_\_\_\_

## OPPORTUNITIES AND AVAILABILITY

### What kinds of activities are you most interested in?

Please check all that apply (description are available at [www.svnh.ca](http://www.svnh.ca), or by request):

- |  |   |
|--|---|
| <input type="checkbox"/> Chapel (Pastoral Care)              | <input type="checkbox"/> Compiling Resident Biographies |
| <input type="checkbox"/> Eucharist Minister (Pastoral Care)  | <input type="checkbox"/> Physiotherapy Aid              |
| <input type="checkbox"/> Lector (Pastoral Care)              | <input type="checkbox"/> Recreation Programs            |
| <input type="checkbox"/> Palliative Care                     | <input type="checkbox"/> Craft Activities               |
| <input type="checkbox"/> Friendly Visits                     | <input type="checkbox"/> Men's Club                     |
| <input type="checkbox"/> Escorting residents to Appointments | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Meal Companion                      |   |

How many hours per week \_\_\_\_\_ or per month \_\_\_\_\_ would you like to volunteer?

I am available to start volunteering on this date: \_\_\_\_\_

I am available until this date: \_\_\_\_\_ (leave blank if unknown)

Please provide the times you are available to volunteer according to your usual schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**CHARACTER REFERENCES**

Please provide two references we may contact (one professional or academic and one personal):

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_



**A criminal record check must be submitted with this application.** This form should be obtained from the front desk at Saint Vincent’s or from [www.svnh.ca](http://www.svnh.ca) and submitted to the Halifax Regional Police Department or the RCMP. Successful applicants will be reimbursed the cost (~\$12) upon acceptance to our volunteer program.

Volunteer placement is made on the basis of the program requirements, the skills and experience of the applicant, and successful reference checks.

Saint Vincent’s may need to collect personal information appropriate to the position(s) applied for concerning academic background and employment/volunteering history, and to verify the character references supplied. The personal information you choose to provide will be protected and used only for the purpose identified. Saint Vincent’s adheres to the Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act. Our Privacy Policy is available at [www.svnh.ca](http://www.svnh.ca) or by request.

**By signing below, I certify that all statements made in this application are true and correct.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Parent or Guardian of any volunteers **under 16 years of age** must sign below consenting to the participation of their son or daughter in the Volunteer Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SVNH USE ONLY

Date Application Received \_\_\_\_\_ Date Criminal Record Check Received: \_\_\_\_\_

\\Forms\Section V\Volunteer Application – Updated April 2008