



# OSCC Volunteers Brighten our Day!

**PLEASE PRINT**

\*The information given in this application is confidential and for the use of the Oshawa Senior Citizens Centres only.  
Volunteers of all ages are welcome, a membership card is not required to volunteer at OSCC.

Title (Mr, Miss, Mrs, Ms.)	First Name	Initial	Last Name	VR#
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ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ TELEPHONE Best Time to Call: AM  PM  After 5 PM

CITY \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Birthday: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_

For City of Oshawa insurance coverage.

**How did you learn about OSCC volunteer opportunities?** (check  to the right which apply)

Program Guide	<input type="checkbox"/>	Staff Referral	<input type="checkbox"/>	OSCC Orientation	<input type="checkbox"/>	Volunteer/Fair Event	<input type="checkbox"/>
Poster/Flyer	<input type="checkbox"/>	Family/Friend	<input type="checkbox"/>	TV/Radio	<input type="checkbox"/>	Partners At Work	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Recruitment Session	<input type="checkbox"/>

What language(s) do you speak or write?

English \_\_\_\_\_ French \_\_\_\_\_ Other \_\_\_\_\_

When would you prefer to volunteer? (Days) S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> As needed <input type="checkbox"/>
What time of day would you prefer to volunteer? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference <input type="checkbox"/>
How often would you prefer to volunteer? As needed <input type="checkbox"/> A few times per month <input type="checkbox"/>
1-3 hours per week <input type="checkbox"/> 3-5 hours per week <input type="checkbox"/> 5-8 hours per week <input type="checkbox"/> 8+ hours per week <input type="checkbox"/>

Is there a particular time you cannot volunteer? (i.e. Winter, Summer, Evenings etc.)

**Where do you prefer to volunteer?**

No Preference  John St. Branch  Northview Branch  Legends Branch  Conant Branch

**Interests & Hobbies :** a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**Have you ever had volunteer experience?**

No Experience  Previous Experience  Extensive Experience

Describe any previous employment, training, past volunteer experience or committee participation which you feel relates to the type of volunteer work you are seeking.

CPR Certification:	First Aid Certificate:
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## Reference Check Consent

*I hereby authorize the persons listed below to furnish any information, opinion reports, or record which may be requested by the OSCC and waive any right of action against any person or institution who may provide information or opinions in compliance with this authorization.*

1.	Name:	Telephone
	Address:	
	Relationship:	

2.	Name:	Telephone
	Address:	
	Relationship:	

## Statement of Understanding

*I understand that I must attend a volunteer orientation and abide by the OSCC Volunteer Policies and Procedures. I understand OSCC requires me to provide character references and obtain and submit a police reference check before I begin my volunteer placement.*

### Confidentiality

*I promise to hold in confidence all information pertaining to clients that may come to my attention in the line of duty with the Oshawa Senior Citizens Centres. I will respect the privacy of those whom I serve and confer with the person to whom I report or my supervisor in matters relating to the well being of the Centre's clients. I will use any client information gained in the course of my service with the Oshawa Senior Citizens Centres in a responsible manner.*

### Fire Safety

*I have read the contents of the Fire Safety Plan and understand the information they contain. I accept responsibility to follow the guidelines for fire safety and to maintain my knowledge and ability to carry out the described procedures in event of a fire.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I would like more information on the following...

Please check the volunteer opportunities that interest you!

<input checked="" type="checkbox"/>	<b>ADMINISTRATION</b>	<input checked="" type="checkbox"/>	<b>SPECIAL EVENTS</b>	<input checked="" type="checkbox"/>	<b>COMMITTEES</b>
	Administration Assistant		Entertainer		Seniors Advisory Comm.
	Evening Convenor		Fashion Show Model		Community Relations
	Facility Maintenance		Piano Player		Day Trip Committee
	Front Desk Receptionist		Special Dinners		Education Committee
	Recording Secretary		Special Events Assistant		Fundraising Committee
	Treasurer		Troubadours		Newsletter Committee
	Yard Maintenance				Partners At Work Comm.
					Peer Mentoring Comm.
	<b>EDUCATION</b>		<b>VOLUNTEER SERVICES</b>		Recreation Committee
	Computer Lab Monitor		Birthday Card Convenor		Special Events Comm
	Course Instructor		Log Book Hours Compiler		Transportation Services
	Education Admin Assistant		Volunteer Admin. Assistant		Wellness & Information
	Program Guide Distributor				
	<b>RECREATION</b>		<b>SUPPORT SERVICES</b>		
	Billiards Assistant		Art Therapy Assistant		<b>COMMUNITY RELATIONS</b>
	Bingo Caller/Ast./Convenor				Community Displays
	Cards Convenor/Ast.		Day Program Assistant		Creative Writer
	Choir Assistant/Director		Dining Room Assistant		Graphic Design/Layout
	Crafts Assistant		Dining Room Cashier		Intergenerational Program
	Day Trip Convenor		Footcare Assistant		Library Assistant
	Recreation Convenor/Asst.		Footcare Receptionist		Marketing Assistant
	Sing-a-long Convenor		Income Tax Assistants		Master of Ceremonies
	Slo-pitch Coach/Convenor		Income Tax Receptionist		Newsletter Assistant
	Sports Convenor/Ast.		Information Librarian		Orientation/Tour Asst.
	Walking Program Ast./Con		Kitchen Assistant		Photographer
	Walking Program Recep.		Peer Mentoring		Public Speaker
			Van Assistant		Publicity Assistant
	<b>FUNDRAISING</b>		Van Driver		Translator
	Fundraising Assistant				Videotaping
	Christmas Cake Sales				
	Craft Sale				
	Gift Wrapping		<b>STUDENT POSITIONS</b>		<b>SPECIAL PROJECTS</b>
	Jewellery Sale		Student Crew Member		New Horizons Computer Program
	Plant Sale				Drum Circle Therapy Program
	Ticket Sales				
	Trunk/Yard Sale				

**Thank you for your interest in the seniors served by the Oshawa Senior Citizens Centres**

**OFFICE USE ONLY**

Name: _____
Telephone: _____

Interview Date: M ____ D ____ Y ____
Time: _____ Location: _____
Interview By: _____

Volunteer Type?

Senior \_\_\_\_ Adult >55years \_\_\_\_ Student \_\_\_\_ Co-Op Student \_\_\_\_

Position Referred	Staff	Referral Date	Placed Date	VR Entry	Mentor Call

Any Limitations? \_\_\_\_\_

General Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> PAW Information Guide <input type="checkbox"/> Log Book Page <input type="checkbox"/> Confidentiality <input type="checkbox"/> Fire Safety <input type="checkbox"/> Orientation Date Attended: _____	<input type="checkbox"/> Police Reference <input type="checkbox"/> References <input type="checkbox"/> Name Tag <input type="checkbox"/> Welcome Letter Participation #: _____	<input type="checkbox"/> Ministry Drivers Abstract <input type="checkbox"/> OSCC Medical Statement <input type="checkbox"/> OSCC Driver Record Drivers License #: _____ Expiry Date: _____ <input type="checkbox"/> City of Oshawa Eye Test <input type="checkbox"/> CPR Booked
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Entered on VR by: _____	Date entered: _____
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Date of Termination: M ____ D ____ Y ____	____ Termination Letter
Reason: _____	