



## Youth Volunteer Application Form

(For volunteers under 18 years of age)

**Lisaard House**, 990 Speedsville Rd, Cambridge, ON, N3H 4R6 519-650-1121  
**Innisfree House**, 2375 Homer Watson Blvd, Kitchener, ON N2P 0E9 519-208-5055

**Surname**

**First Name**

**Address**

**City**

**Postal Code**

**Phone**

**E-Mail**

Best time to contact you: \_\_\_\_\_ Present School: \_\_\_\_\_

How did you hear about Lisaard & Innisfree Hospice? \_\_\_\_\_

Why are you interested in volunteering at Lisaard & Innisfree Hospice? \_\_\_\_\_

Describe any relevant work, volunteer experiences, skills, hobbies or interests. \_\_\_\_\_

During the past year, have you had a significant loss? If yes, please explain the circumstances. \_\_\_\_\_

How frequently are you available to volunteer? When are you available?

Once a week \_\_\_ More than once a week \_\_\_ Twice a month \_\_\_ Once a month \_\_\_

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9am - 12							
12 - 3pm							
3 - 6pm							
6 - 9 pm							

Innisfree House (Kitchener) \_\_\_ Lisaard House (Cambridge) \_\_\_ Both \_\_\_

Please check off all areas you may be interested in helping out:

Baking       Kitchen Helper       Laundry (Innisfree)       Gardening/Yard Work

Languages can speak (S) or write (W): \_\_\_\_\_

### Volunteer Reference Release

In the interest of resident safety and to facilitate appropriate volunteer placements all volunteers are required to submit a minimum of two references.

I, \_\_\_\_\_, authorize Lisaard & Innisfree Hospice to contact the following people to furnish any relevant information they may have concerning my child's suitability as a volunteer at Lisaard & Innisfree Hospice.

Name of contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Name of contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Parent/guardian of volunteer

### Emergency Contact Information

It is important that accurate records are kept for use in the event of an emergency. Please provide us with an emergency contact name and phone number:

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Based on the volunteer position and duties, would you like to identify any health conditions or allergies that could assist staff in responding to a personal health emergency or to protect your safety or the safety of others?

\_\_\_\_\_  
\_\_\_\_\_

## Photographic Release

I hereby give my permission to Lisaard & Innisfree Hospice for the use of my child's picture, taken by an authorized photographer for Lisaard & Innisfree Hospice, in any promotional material including advertising, brochures, publications, video productions, website and other uses.

I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium.

I understand that these materials will be used by Lisaard & Innisfree Hospice or its agents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian of volunteer

## Confidentiality Promise

I, \_\_\_\_\_, acknowledge that my child is aware some of the information they will handle or have access to in the course of their work as a volunteer of Lisaard & Innisfree Hospice is confidential. I further acknowledge some or all of the information that relates to residents or employees of Lisaard & Innisfree Hospice or members of the public is confidential under the law, and is required to be kept confidential to protect the privacy of individuals to which the information relates.

AND MY CHILD PROMISES THAT they will not disclose, communicate or convey or allow to be disclosed, directly or indirectly to any person who does not require such information in the course of their duties for Lisaard & Innisfree Hospice or with Lisaard & Innisfree Hospice, any private or confidential information whatsoever, obtained by them in or about the performance of their duties or by virtue of their placement as a volunteer of Lisaard & Innisfree Hospice.

AND MY CHILD FURTHER PROMISES THAT they will not allow any person or persons not entitled by law to such information, to inspect or have access to any written statement, record, correspondence, plan, computerized record, document or any other paper of a private or confidential nature, and they will conscientiously endeavour to prevent any person or persons not entitled from inspecting or having access to any such confidential information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian of volunteer

**NOTE:** Personal information on this form is collected under the authority of the Long-Term Care Act and will be used to maintain volunteer records, to make placements, and to compile a distribution list for email notifications. Questions regarding this collection should be forwarded to, Privacy Officer, Lisaard & Innisfree Hospice House, 2375 Homer Watson Blvd., Kitchener, ON N2P 0E9, 519-208-5055.

## Volunteer Agreement/Release and Waiver Form

**ATTENTION: PLEASE READ THE FOLLOWING VERY CAREFULLY AS IT AFFECTS YOUR LEGAL RIGHTS.**

I, \_\_\_\_\_, have given permission for my child \_\_\_\_\_ to participate in volunteer activities with Lisaard & Innisfree Hospice ("LI Hospice") beginning on \_\_\_\_\_.

In consideration of LI Hospice allowing my child to participate in such activities, I fully understand and agree to the following:

1. My child will not be participating in volunteer activities in the capacity of a LI Hospice employee or independent contractor.
2. No pay, payment, salary, wage or employee benefits (such as accident/disability/medical/dental or other insurance coverage) whatsoever will be paid to my child and my child will not be covered by Workplace and Safety Insurance Board coverage.
3. I acknowledge that performing volunteer activities may involve certain elements of risk or the chance of an accident and I hereby release LI Hospice and its Board, officers, employees and their respective successors, assigns, heirs, and executors from all claims for loss, damage, or injury, except for that which is caused solely by the negligence of LI Hospice, its employees, or its agents.
4. My child will abide by all applicable LI Hospice policies and procedures, as may be amended from time to time, and will follow all instructions of the appropriate LI Hospice management staff person in carrying out the volunteer activities.
5. My child will not use facilities, equipment and property owned by LI Hospice without the approval of a LI Hospice management staff person.
6. My child will not use facilities, equipment and property owned by LI Hospice for personal purposes.
7. I will immediately notify the appropriate LI Hospice supervisor of any incident that involves property damage or personal injury during my child's volunteer duties.
8. Either LI Hospice or myself may terminate my child's volunteer activities at any time.

**By signing this form:**

- **I acknowledge that I have read and understood the preceding conditions, release, and waiver, and**
- **I agree to the preceding conditions, release, and waiver.**

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

Parent/guardian of volunteer

**Note:** This form must be completed and signed by the volunteer's parent or guardian **before** being accepted by Lisaard & Innisfree Hospice for volunteer activities. The original is to be retained by the supervisor along with the signed Confidentiality Promise, with a copy of each to be given to the volunteer, if requested..