

## Good Samaritan Volunteer Application

### Location preference

#### Alberta North Care Homes

- Edmonton – Dr. Gerald Zetter Care Centre
- Edmonton – Mill Woods Centre
- Edmonton – Southgate Care Centre
- Edmonton – Wedman House & Village
- Evansburg – Pembina Village
- Rocky Mountain House – Clearwater Centre
- Spruce Grove – Spruce Grove Centre
- Stony Plain – George Hennig Place
- Stony Plain – Stony Plain Care Centre
- Wetaskiwin – Good Shepherd Home

#### Alberta South Care Homes

- Cardston – Lee Crest
- Lethbridge – Park Meadows Village
- Lethbridge – West Highlands Centre
- Magrath – Garden Vista
- Medicine Hat – South Ridge
- Pincher Creek – Vista Village
- Raymond – Prairie Ridge
- Taber – Linden View

#### British Columbia Care Homes

- Delta – Delta View Care Centre
- Gibsons – Christenson Village
- Kelowna – Mountainview Village
- New Westminster – Victoria Heights
- Penticton – Village by the Station
- Salmon Arm – Hillside Village
- Salmon Arm – Pioneer Lodge
- Vernon – Heron Grove

#### Programs

- Edmonton – CHOICE (GSP)
- Edmonton – CHOICE (Zetter)
- Edmonton – Head Office support
- Edmonton – Program For Persons with Developmental Disabilities (PPDD) group homes
- Edmonton – TeleCare

### Personal Information

Name \_\_\_\_\_  
Title (optional) First Preferred (optional) Last

Phone \_\_\_\_\_  
Home Cell Alternate

Address \_\_\_\_\_  
City Province Postal Code

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Employed:  Full time  Part time  Retired  No  Other \_\_\_\_\_  
Name Phone

Student in:  Junior High  High School  Post-Secondary  No  Other \_\_\_\_\_

Are you volunteering to fulfill a requirement of another program?  No  Yes, Required Hours \_\_\_\_\_

### Skills or Interests

Present or Former Occupation:

Hobbies, Special interest, Skills:

What do you hope to gain from volunteering as a Good Samaritan?

Volunteers may mail their application to Good Samaritan – Volunteer Services (8861 – 75 St Edmonton, AB T6C 4G8) or email their application to [volunteer@gss.org](mailto:volunteer@gss.org). Outside of outbreak restrictions, applications may also be dropped off at your local care home or program.

Please note – Confidentiality of email transmission is not guaranteed, information shared by email is not as secure as hard copy.

What volunteer role(s) are you interested in?

- Program Support: enhancing resident comfort in recreation, rehab, administration or hospitality
- Placement Volunteer: for partner organization requiring volunteer placement
- PPDD Support
- Service Group Volunteer for partner organizations supporting established programs
- TeleCare Installer (Edmonton area only)
- Junior Helper: only for those under the age of majority
- Micro or Virtual Helper: for one time or approved single focus volunteering
- Resident Helper: for GS residents and clients
- Staff Helper: only for active GS staff
- Loving Spoonful's Mealtime Companion (Good Samaritan certificate required)
- Palliative Care (Good Samaritan certificate required)
- Pet Therapy (certificate required)
- Spiritual Care (Good Samaritan certificate required)

**Availability**

Please indicate your availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Desired length of commitment:  1-3 months  3-6 months,  Ongoing,  From \_\_\_\_\_ to \_\_\_\_\_

**How did you hear about volunteering with Good Samaritan?**

- brochure  poster  internet  www.gss.org  social media
- self-referral  school  friend/relative  Other \_\_\_\_\_

**Good Samaritan Relationships**

Please respond to the best of your knowledge

Are you related to any Good Samaritan residents/clients?  Yes  No

Are you related to any Good Samaritan employees?  Yes  No

Have you previously been employed by Good Samaritan?  Yes  No

Have you previously volunteered with Good Samaritan?  Yes  No

If yes, care home/program: \_\_\_\_\_ Approximate date \_\_\_\_\_

**References (please, no direct family members)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or email \_\_\_\_\_

**Additional information**

### Authorization for Release of Information

I declare that all statements on this application are, to the best of my knowledge, accurate statements of fact. It is understood that any false statements will be sufficient reason for ending the volunteering relationship. I understand that my eligibility to volunteer is contingent upon satisfactory Police Information Check and references. In addition, if selected, I agree to abide by the guidelines, policies and procedures of Volunteer Services. My application also authorizes Good Samaritan to check past employment and volunteer history within the organization.

### Collection and Storage of Volunteer Information

Volunteer Services of Good Samaritan collects personal information about volunteers. This information is collected through varied processes which may include; application, reference letters, interviews, Police Information Check, and evaluations. The information is stored in files and on a computerized database and is accessed only by those persons who require access in the performance of their duties. This information is used solely for the purpose of selecting, matching, and referring volunteers to appropriate assignments, recognizing volunteers and for communication purposes. It is collected under *the Freedom of Information and Protection of Privacy Act* (FOIP) in Alberta and *the Personal Information Protection Act* (PIPA) in British Columbia. Anyone may also request in writing to see the information stored in their Volunteer Services files. If you have any questions about any of the information we ask for, why it is necessary and how it is used, please talk to the Coordinator of Volunteer Services or designate.

### Consents and Releases

**Please review and complete the following consents. Your signature at the bottom of the form is your affirmation of your answers to the following questions.**

Do you consent to the release of photographs, video or other visual aids that you may be pictured in to be used for recognition or promotional purposes? You will be able to view these items prior to publication, if desired.

Yes  No

Do you consent to receive emails from Volunteer Services for the purposes of volunteering with Good Samaritan?

Yes  No

Do you consent to receive text messages from Volunteer Services for the purposes of volunteering with Good Samaritan?

Yes  No

Do you consent to receive publication and communications from Good Samaritan?

Yes  No

Do you consent to receive fundraising and donor information?

Yes  No

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian for applicants under the age of 18

\_\_\_\_\_

Date \_\_\_\_\_

**Thank you for applying to volunteer. Our world could use more Good Samaritans.**