



VOLUNTEER APPLICATION

Submit completed applications using one of the following two methods:

FAX TO:

Volunteer Coordinator
(403) 252-6591

EMAIL TO:

kmerkowsky@intercarecorpgroup.com

MAIL TO:

Volunteer Coordinator
Intercare Corporate Group Inc.
Calgary Regional Corporate Office
501 – 5920 Macleod Trail S.W.
Calgary, AB T2H 0K2

VOLUNTEER INFORMATION (PLEASE PRINT)	
LOCATION DESIRED:	AVAILABILITY:
<input type="checkbox"/> CHINOOK CARE CENTRE 1261 Glenmore Trail SW	<input type="checkbox"/> FLEXIBLE
<input type="checkbox"/> BRENTWOOD CARE CENTRE 2727 - 16 Avenue NW	<input type="checkbox"/> PREFER WEEK DAYS / EVENINGS Please specify: _____
<input type="checkbox"/> SOUTHWOOD CARE CENTRE 211 Heritage Drive SE	<input type="checkbox"/> PREFER WEEKEND DAYS / EVENINGS Please specify: _____
<input type="checkbox"/> KINGSLAND TERRACE SUPPORTIVE LIVING 835 - 68 Avenue SW	

PERSONAL INFORMATION			
LAST NAME		FIRST NAME AND INITIAL	
HOME ADDRESS			E-MAIL ADDRESS
CITY	PROVINCE	POSTAL CODE	TELEPHONE (HOME)
TELEPHONE (CELLULAR)		TELEPHONE (WORK)	
EMERGENCY CONTACT (NAME / TELEPHONE NUMBER)			

SKILLS AND INTEREST
EDUCATIONAL BACKGROUND:
OCCUPATION:
INTERESTS / SKILLS / HOBBIES:
EXPERIENCE WORKING WITH SENIORS:

PREVIOUS VOLUNTEER EXPERIENCE:

PREFERENCE IN VOLUNTEERING

WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN?

- Working 1:1 with Residents
- Leading a Recreation Program with Intercare staff available for support and assistance
- Entertainment
- Mealtime Companion (*specialized training required*)
- Pastoral Care (*specialized training required*)
- Palliative Care (*specialized training required*)
- Other, please specify: _____
- No Preference

Do you have a preference for working with: Men Women No preference

WHICH AREAS WOULD YOU LIKE WORKING IN?

- Bingo
- Sing-A-Long
- Crafts/Knitting/Sewing
- Visiting
- Cards/Games/Puzzles
- Social Programs
(e.g. Pub Afternoon, Birthday Parties, Tea Parties)
- Assisting with Off Site Outings
- Other, please specify: _____

PLEASE LIST TWO (2) NON-FAMILY REFERENCES FOR US TO CONTACT

(Please include: Name / Phone Number/ Email Address)

1. _____

2. _____

APPLICANTS SIGNATURE:

DATE:
