

**VOLUNTEER APPLICATION FORM**

\*NAME (LAST, FIRST) \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\*CELLPHONE \_\_\_\_\_ \*E-MAIL \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_\_ \*LANGUAGE SPOKEN \_\_\_\_\_

\*HAVE YOU DONE VOLUNTEER WORK BEFORE? YES/NO

\*IF YES, PLEASE SPECIFY \_\_\_\_\_

\*DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH SHOULD BE CONSIDERED IN CARRYNG OUT YOUR RESPONSIBILITIES? YES/NO

\*IF YES, PLEASE SPECIFY \_\_\_\_\_

\*ARE YOU WILLING TO COMMIT YOURSELF TO A REGULAR TIME SCHEDULE? YES/NO

\*DO YOU HAVE ANY SPECIAL SKILLS, HOBBIES, TRAINING, OR INTERESTS?

\_\_\_\_\_  
\*IN CASE OF EMERGENCY NOTIFY (NAME, RELATIONSHIP, ADDRESS, CELLPHONE):

\_\_\_\_\_  
\*PLEASE GIVE US TWO REFERENCES (NAME, RELATIONSHIP, ADDRESS, CELLPHONE):

1. \_\_\_\_\_

2. \_\_\_\_\_

I AGREE TO ALL POLICIES OF DOM LIPA, FIRE SAFETY, PERSONAL ITEMS, RESIDENT CARE, AND STANDARD OF CONDUCT AND SMOKING REGULATIONS.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**FOR OFFICE USE ONLY**

Comments \_\_\_\_\_

Days when Volunteer is coming in: \_\_\_\_\_ Time: \_\_\_\_\_

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

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



**Part B – Professional Misconduct – Findings of Guilt**

- No findings of guilt of an act of misconduct have been made against me, including:
  - d. An act of misconduct as a member of a health profession as defined in the *Regulated Health Professions Act, 1991*;
  - e. An act of misconduct as a member of a regulated profession as defined in the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006*; or
  - f. An act of misconduct under any other scheme governing a profession, occupation or commercial activity, including a scheme a person is not required to participate in in order to practice or engage in the profession, occupation or activity.

**OR**

- A finding(s) of guilt of an act of misconduct have been made against me, as described above. Specifically: *[provide details, including the name of regulatory body; nature of the misconduct; details of finding(s); outcome of finding(s)]*

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**Note: All findings of guilt must be disclosed unless: (i) the finding of guilt resulted in a suspension and the suspension ended before April 11, 2017; or (ii) a finding of guilt did not result in a suspension and the finding of guilt occurred before April 11, 2017.**

**ATTACH ADDITIONAL PAGES IF NECESSARY**

Declared by the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Month) (Year)

\_\_\_\_\_  
(Signature of Individual Providing Declaration)  
Name of Staff or Volunteer:  
Position:

\_\_\_\_\_  
(Signature of Witness)  
Name of Witness:  
Position:

## STAFF DECLARATION FORM

### **POLICE RECORD CHECK/VULNERABLE SECTOR SCREENING**

Declaration of Criminal Offences/Charges/Convictions/Orders as outlined in the Amendment to Ontario Regulation 79/10 (Regulation) Under Long-Term Care Homes Act, 2007 (LTCHA) in Response to the COVID-19 Pandemic 2020

\_\_\_\_\_ **Confirmation #1 re Unpardoned Convictions** I have not been convicted of any offence under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) for which a pardon has not been issued/granted under the Criminal Records Act (Canada).

\_\_\_\_\_ **Confirmation #2 re Outstanding Charges** There are no outstanding charges against me under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada)

\_\_\_\_\_ **Confirmation #3 re Foreign Convictions** I have not been convicted of any criminal or drug offence under any legislation of any other country.

\_\_\_\_\_ **Confirmation #4 re Outstanding Foreign Charges** There are no outstanding criminal or drug charges against me under the legislation of any other country.

\_\_\_\_\_ **Confirmation #5 re Pardoned Sexual Offences** I have not been convicted of any sexual offence under the Criminal Code of Canada for which I have received a pardon.

\_\_\_\_\_ **I am unable to provide Confirmation** \_\_\_\_\_ (specify #) above.

### **TUBERCULOSIS/INFECTIOUS DISEASE SCREENING**

To the best of my knowledge, I am free from communicable disease. (circle one)	Yes	No, provide details	
To the best of my knowledge, I have not been exposed to Tuberculosis. (circle one)	No	Yes, provide details	
To the best of my knowledge, I have had a One-Step or Two-Step Tuberculin Test in the past. (circle one)	No	Yes, if possible, provide dates of Step 1 and Step 2	Step 1 Step 2

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

DOM LIPA – SLOVENIAN LINDEN FOUNDATION  
52 NEILSON DRIVE  
ETOBICOKE, ON  
M9C 1V7

### **VOLUNTEER AGREEMENT**

1. I, \_\_\_\_\_, of my own free will, hereby acknowledge and agree that I am offering my services to Dom Lipa as a volunteer and not as an employee. If selected as a volunteer, my services will be provided free of charge and I will not accept, nor will Dom Lipa offer, any remuneration for my volunteer services.
2. Dom Lipa acknowledges and agrees that I am free to terminate my volunteer services at any time, without notice to Dom Lipa. I also acknowledge and agree that Dom Lipa may terminate my volunteer services at any time without providing me with any notice.
3. I acknowledge and agree that any volunteer services I provide to Dom Lipa will not be used for personal or business gain nor to grant special privileges to others.
4. I have been advised and acknowledge that I am not, nor will I be covered by Dom Lipa's Workplace Health and Safety Insurance coverage or automobile insurance coverage.
5. I acknowledge and agree that if I use my personal vehicle(s) for volunteer purposes, I shall ensure my personal vehicle(s) automobile insurance coverage is acceptable to Dom Lipa and adequately covers the volunteer activities I may perform. I agree to provide proof of such coverage to Dom Lipa, upon request. Dom Lipa has the sole discretion whether to reimburse me on a per kilometer basis when I use my personal vehicle in performing my volunteer duties. The per kilometer rate of reimbursement shall be consistent with the current prescribed Canadian Revenue Agency kilometer reimbursement rate.
6. Dom Lipa agrees to provide me with orientation and training suitable for the volunteer tasks to be performed, including healthy and safe work practices and WHMIS, where applicable.
7. I acknowledge that Dom Lipa has reviewed its policies with me related to Volunteers, Conduct and Behaviour, Confidentiality and Inventions, Conflicts of Interest Policy, Personal Information Protection, E-mail and Internet Use and Health and Safety. I agree to provide services in accordance with these policies to the best of my ability.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Co-ordinator for  
Dom Lipa

**ACTIVITIES  
CONFIDENTIALITY**

**Volunteer Confidentiality Statement**

As a Volunteer, I understand that federal law mandates to the Facility the responsibility to protect its' Residents and Personnel from any unauthorized invasion of the individual's Right to Privacy.

I understand that information concerning the Residents and Personnel shall be held in strict confidence and never discussed with anyone outside or inside the Facility.

As represented by my signature below, I promise to honor and respect the rights and confidences of the Residents and Personnel of this Facility.

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Date

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Signature of Volunteer

**Photography and Recording by Residents/Clients/Volunteers/Staff and Visitors Policy  
Acknowledgement Form**

**PURPOSE**

Events occurring at Dom Lipa can hold special meaning for residents/volunteers/staff and visitors. We wish to facilitate the recording of these moments while respecting the privacy, confidentiality, and security of other residents, clients, volunteers, staff and visitors.

Dom Lipa, consistent with its respect for these rights and the relevant legislation, adheres to clear guidelines governing the recording of residents, clients, volunteers, staff and visitors.

The Photography and Recording by Residents/Clients/Volunteers/Staff and their Visitors Policy is available in the Business Office.

You have the right to withhold or withdraw your consent of authorization at any time by contacting the Business Office.

Do you consent to the publishing of photographs taken of you **within** Dom Lipa and in Dom Lipa's print, online and other publications within the guidelines of the Photography and Recording by Residents/Clients/Volunteers/Staff and their Visitors Policy?

- Yes, I consent      I authorize Dom Lipa to publish photographs taken of me. Dom Lipa may use the photographs in their print, online and other publications. I agree that my participation is voluntary. I will not receive pay. I understand that Dom Lipa is the owner of any images taken of me. I release Dom Lipa from blame for any claims made by me or a third party due to my participation.
- No, I do not consent

**I have read, understood and agree:**

**Name:** \_\_\_\_\_  
(Please print clearly)

**Please check applicable**  
STAFF \_\_\_\_\_  
VOLUNTEER \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** (MM/DD/YYYY) \_\_\_\_\_

## REMINDERS: VOLUNTEER DO'S

These reminders can help this volunteer experience be great for everyone!

### Before Arriving:

- Do call the Volunteer Supervisors/Activity Director if you are ill or unable to Volunteer as scheduled
- Do keep facility up to date with any change of address or phone numbers
- Do wear clean, modest clothes and comfortable closed shoes

### When Arriving:

- Do sign in and out each day
- Do wear your name tag
- Do let your supervisor know you've arrived
- Do wash your hands
- Do leave valuables in a safe area
- Do refrain from chewing gum

### With the Residents:

- Do knock on Residents' doors or doorways and request permission to enter
- Do identify yourself as a Volunteer
- Do address Residents by their formal name or by the name they've asked you to use
- Do refrain from sitting on Resident beds, or using Resident bathrooms
- Do use call cords if Residents have nursing requests
- Do keep restraints intact or tied
- Do wash hands between Resident contacts
- Do comply with Residents dietary and smoking restrictions
- Do converse the Resident at eye level as possible
- Do use language Residents can feel comfortable with
- Do try to keep conversations pleasant and uplifting
- Do politely refuse Resident or Family gifts or money
- Do speak clearly
- Do initiate conversations with a greeting, smile and compliment  
(Avoid "How are you" to promote positive interactions)
- Do avoid controversial, threatening, or distressing topics of conversation
- Do avoid making promises you might not be able to keep

## REMINDERS: VOLUNTEER DO'S

### In Activities:

- Do try to mingle, interact and promote Resident participation
- Do keep instructions simple and clear
- Do praise accomplishments

### Do Protect Safety:

- Do inform Residents before moving their wheelchairs
- Do check to free wheels from Residents feet, lap robes, or other items when transporting
- Do encourage Residents to keep their hands on or inside hand rests when transporting
- Do use a slow, even speed and smooth turns when transporting
- Do replace wheelchair brakes after stopping (unless Resident requests otherwise)
- Do notify nursing or activity staff if restraints appear untied
- Do immediately report any health or safety concern to staff
- Do get Supervisors permission before giving Residents any gifts or food items
- Do report any injuries or accidents to staff
- Do Not help a fallen Resident back up, get staff help immediately

### Do work with the Team:

- Do eat, rest, smoke, or drink only in areas as directed by your Supervisor
- Do use visitor or staff restrooms, only
- Do help keep the nurses' stations clear for nurses' use
- Do bring any questions or concerns to your Supervisor or the next appropriate Supervisor available
- Do report any violations of Residents Rights to your Supervisor or the next appropriate Supervisor available
- Do Not use the phone for personal calls

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Volunteer Signature

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Date