



## Volunteer Program

TO: Interested applicants

FROM: Coordinator, Volunteer Program  
416 609 5700 ext. 275

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Please fill out the forms provided.  
The TB form must be completed by your Doctor.  
When you are finished with all forms please call to set up your interview.

Thanks for your interested in wanting to volunteer at shepherd Village.



Shepherd Village Inc  
 3758/3760 Sheppard Ave East  
 TORONTO ON M1T 3K9  
 (416) 609-5700  
 Ext. 275

**ALL VOLUNTEERS MUST BE ABLE TO FULFILL A MINIMUM OF 6 MONTHS VOLUNTEER SERVICE.**

**PERSONAL INFORMATION:**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

May we contact you at work?  Yes  No

Are you 18 years of age or older and less than 65 years of age?  Yes  No

Are you legally eligible to work in Canada?  Yes  No

Have you ever been convicted of a criminal offense for which a pardon has not been granted?  Yes  No

**EDUCATION/TRAINING/SKILLS (Please include a resume if you have one):**

Are you currently a student?  Yes  No School Name: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Special training: \_\_\_\_\_

Skills: \_\_\_\_\_

Interest / Hobbies: \_\_\_\_\_

Do you drive?  Yes  No

Do you speak any other language than English  Yes  No

Please state other language(s) \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Where did you learn about being a volunteer for Shepherd Village? \_\_\_\_\_

Reason for choosing volunteer work? \_\_\_\_\_

Past volunteer experience (where, when): \_\_\_\_\_

**\*\*\* Please complete the other side\*\*\***

**TIME AVAILABILITY: When are you available? (Please check "✓")**

- Weekly
- Bi-Weekly
- Monthly

Best Day(s): \_\_\_\_\_  
Time of Day: \_\_\_\_\_

**REFERENCES: Please give two (2) professional references (e.g. teacher, employer, caseworker, pastor):**

1. Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_

**EMERGENCY CONTACT: In case of emergency, I give permission to contact:**

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**YOU WILL BE REQUIRED TO:**

1. Complete a Criminal Reference Check.
2. Provide proof of a 2 – step Mantoux Test for tuberculosis.
3. Sign a Memo of Understanding with Shepherd Village.

(All 3 forms are provided by Shepherd Village)

**PLEASE READ CAREFULLY**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby declare that the above mentioned information is true and complete to my knowledge. I understand that a false statement may disqualify me from the volunteer program. I also authorize Shepherd Village Inc. to contact my professional references.

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

\_\_\_\_\_  
Date

*All information collected will be kept in strict confidence and used to find the most satisfying and appropriate volunteer placement at Shepherd Village.*



## Volunteer Interview Form

**Candidate:** \_\_\_\_\_

1. Have you ever been to Shepherd Village before? If so, in what context?
2. Who referred you to the Volunteer Dept.?
3. What do you know about us?
4. Why are you interested in becoming a volunteer at Shepherd Village? (What do you hope to gain?)
5. What is your availability? (Frequency, days, times, etc.)
6. What are you interested in doing as a volunteer at Shepherd Village?
7. Have you had experience with seniors before? If so, please describe.
8. What would you describe as your strengths or special skills?

9. Are there areas you would like to improve on?
  
10. Have you ever had the opportunity to learn about the aging process, disabilities, or cognitive impairment (Alzheimer's)? (Classroom or experience)
  
11. What qualities or characteristics do you have that will aide you in volunteering at Shepherd Village?
  
12. Have you ever heard of Ontario Works? If yes....Are you with Ontario Works?
  
13. Give me an example of a time that you worked as part of a team & what was your role?

Behavioral questions (how to deal with difficult staff, residents, volunteers and situations)

14. Describe a situation in which you were able to use persuasion to successfully convince someone to see things your way. (Reason is dealing with residents with Behaviour problems & Alzheimer).

15. Describe a time when you were faced with a stressful situation that demonstrated your coping skills?

16. Give me an example of a time when you set a goal and were able to meet or achieve it?

17. Give me a specific example of a time when you use good judgment and logic in solving a problem?

18. What is your typical way of dealing with conflict (fight, struggle or disappointment)?  
Give me an example.

19. Give me an example of a time when you showed initiative and took the lead.

20. Give me an example of a time you motivated others.

21. What have you been most criticized about.

22. Any questions????? Or is there anything you would like to add.

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



NAME: \_\_\_\_\_  
**VOLUNTEER**

### Mantoux Skin Testing for Tuberculosis

	DOSAGE	DATE GIVEN	ARM (r) or (L)	DOCTOR SIGNATURE	DATE READ	RESULTS IN MM & INDURATION	DOCTOR SIGNATURE
STEP 1							
STEP 2							

#### 2-Step Mantoux Skin Test

**Step 1:** Do an initial tuberculin skin test (Mantoux, 5 TU PPD).  
Read results 48-72 hours later.

**Step 2:** If the results from *Step 1* is 0-9mm of induration:  
Do a second tuberculin skin test in the other arm 7 to 21 days after Step 1.

If the results is 10mm or more of induration:  
Record this result in millimeters, consider this as "positive" and do **NOT** do a second test.

**Parental Consent:** I give permission for my child to receive a 2-Step Mantoux Skin Test as this is a requirement for participating in the Shepherd Village volunteer program.

\_\_\_\_\_  
Signature of Parent or Guardian



## VOLUNTEER RESOURCES REFERENCE CHECK

**Applicant Name:** \_\_\_\_\_

**To the applicant:** Two people should be asked by you to be your references. Each must know you well enough to be able to answer all the questions on this form. Suggested references: employer, professor/teacher, clergyperson, colleague at work, neighbour. One of the two could be a friend.

**To the reference:** Please respond to all questions. Thank you for your support of volunteering and student placements at Shepherd Village Inc.

1. How long have you known applicant and in what capacity?

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2. From your experience, please give an example of this person's reliability and commitment to follow through on promises made.

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3. In your relationship with the applicant, please give one example of a positive and one example of a negative experience that stands out in your memory.

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4. How well does the applicant work on his/her own and as part of at team?

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5. Please comment on the following traits using the scale; 5=excellent and 1=poor.

	5	4	3	2	1	Not observable in my experience with individual
Flexibility	0	0	0	0	0	0
Time Management	0	0	0	0	0	0
Communication skills	0	0	0	0	0	0
Response to stress	0	0	0	0	0	0
Leadership qualities	0	0	0	0	0	0
Ability to make sound choices	0	0	0	0	0	0
Ability to interact one-on-one with a senior or seniors	0	0	0	0	0	0

6. What would you identify as the applicant's strengths and weaknesses?

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Any additional comments will be appreciated:

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I understand that I may be called by Volunteer Resources for further information.

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

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

Print name: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_



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Occupation: \_\_\_\_\_

\_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_