

### **Mountain View Seniors' Housing**

#301, 6501 - 51st Street  
Olds, Alberta T4H 1Y6

Phone: 403-556-2957

Fax: 587-796-0773

Thank you for your interest in learning more about volunteering with Mountain View Seniors' Housing!

We are a non-profit organization, and a registered charity, operating seniors' lodges, seniors' self-contained apartments and subsidized family housing in Carstairs, Didsbury, Olds and Sundre.

We are committed to continually recognizing and supporting our volunteers as valued members of our Human Resources Team. Our mission is to "provide quality, safe, self-sustainable living and support services while promoting a healthy and independent lifestyle". This mission can only be met through the ongoing dedication and commitment of our volunteers.

Our volunteers enhance our resident's daily lives through the areas of: Recreation, Friendly Visiting, Gardening, Outings, Musical Entertainment. We are always interested in new ideas and can discuss any other interests or talents that you would like to share with our residents.

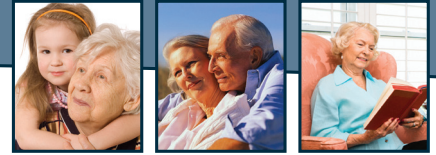
Becoming a volunteer with involves the following steps:

1. Return a completed Application to volunteer services;
2. Provide a clear Criminal Record and Vulnerable Sector Check;
3. Complete an interview to discuss our opportunities and your interests;
4. Provide two (2) personal references;
5. Accepting an offer of assignment and completing confidentiality paperwork;
6. Completing a general orientation and specific training; and
7. Get started!

I am here to ensure that your volunteer experience with us is successful. If you have any questions or concerns, please contact me at 403-556-2957 ext. 706 or via email at [volunteer@mvsh.ca](mailto:volunteer@mvsh.ca).

Sincerely,

Bridget Ryan  
Volunteer Coordinator



# Volunteer Application Form

**CONFIDENTIAL**  
**PLEASE READ CAREFULLY**

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_ or \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Preferred Lodge:

Olds  Carstairs  Didsbury  Sundre

Why you are interested in volunteering with Mountain View Seniors' Housing?

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

Which program areas interest you:

Recreation  Friendly Visiting  Gardening  Outings  Administrative

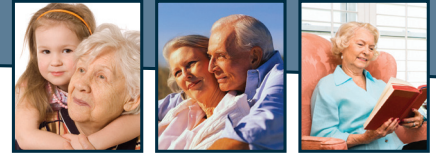
Music  Other: \_\_\_\_\_

Have you volunteered with Mountain View Seniors' Housing before?

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

Tell us about your current work and volunteer commitments:

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



## Volunteer Application Form (Page 2)

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Please provide the names of two references we may contact:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

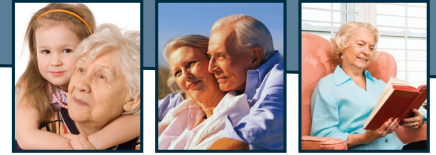
What is your availability?

<b>Weekday</b>	<b>Morning (before noon)</b>	<b>Afternoon (12 – 6 PM)</b>	<b>Evening (after 6 PM)</b>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

When are you available to start volunteering? \_\_\_\_\_

Additional Comments:

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



## Volunteer Application Form (Page 3)

**CONFIDENTIAL**  
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How did you hear about our volunteer program?

Advertisement       Current Staff Member       Website       Current Volunteer

Other: \_\_\_\_\_

*Please Read Carefully:*

To become a registered volunteer a Criminal Record Check and Vulnerable Sector screen is required. (Any fees should be waived with a letter from MVSH to the RCMP)

I authorize MVSH to contact the listed references and certify that the statements made by me in this application are true and complete. I agree to abide by the policies and procedures of Mountain View Seniors' Housing.

Parental Consent: (If under 18 years of age)

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_

hereby give permission to my son/daughter to apply to be a volunteer with Mountain View Seniors' Housing. An additional parental consent form will be required when an assignment is offered.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date