



Mountain View Seniors' Housing VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Mountain View Seniors' Housing! Volunteers play an important role in helping us create warm, engaging, and supportive environments for our residents. This application form helps us get to know you, understand your interests and availability, and match you with the most suitable volunteer opportunities across our four lodge locations. Please fill out the form as completely and accurately as possible. All information is kept confidential and used only for the purpose of volunteer coordination.

YOUR INFORMATION:

Name: _____ Date of Birth: _____

Mailing Address: _____ Phone Number: _____

Email Address: _____

Our primary method of contact is email. Please ensure you provide us with an email that is checked frequently.

Youth Volunteers (Under 18 Years of Age)

Volunteers under the age of 18 must be accompanied and supervised by a registered adult volunteer (parent, guardian, or approved adult) at all times during their volunteer shifts.

- **Will you be under the age of 18 when volunteering?**

____ Yes ____ No

- **If yes, please provide the name of the adult who will volunteer with you:**

Name: _____

Relationship to You: _____

Note: The accompanying adult must also complete a separate volunteer application and screening process.

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

Relationship to You: _____

Are you applying for a volunteer opportunity you saw advertised? ____ Yes ____ No

If yes, which opportunity? _____

If no, what sort of volunteer positions are you interested in:

Which lodge locations are you interested in volunteering at?

____ Carstairs ____ Didsbury ____ Olds ____ Sundre

Tell us about yourself! What are your interests? Do you have any special skills you'd like to share with our residents?

What days and times would you be available to volunteer (*Check and Circle*)?

☐ Mondays AM / PM ☐ Tuesdays AM / PM ☐ Wednesdays AM / PM ☐ Thursdays AM / PM
☐ Fridays AM / PM ☐ Saturdays AM / PM ☐ Sundays AM / PM

How often would you like to volunteer?

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Casually/As needed ☐ Other: *Please explain below*

How did you hear about Mountain View Seniors' Housing's Volunteer Opportunities?

☐ Social media ☐ Website ☐ Newspaper ☐ Word of Mouth ☐ Other: *Please explain below*

Do you have any experience working with seniors? *If yes, please explain:*

Do you have previous experience volunteering? *If yes, please explain:*

Why do you want to volunteer with Mountain View Seniors' Housing?

****Please Read Carefully:***

CRIMINAL RECORD CHECK REQUIRED:

To become a Registered Volunteer (18+), a Criminal Record Check is required. All Criminal Record Checks must be obtained by the RCMP within three months of applying for volunteering. Use the attached letter (Appendix 'A') to bring the RCMP so that they will waive the fee.

REFERENCE VERIFICATION REQUIRED:

Please use the attached Volunteer Reference Verification forms (Appendix 'B') to obtain **two references**:

- **One personal reference** (family member, friend, babysitter, etc.)
- **One professional reference** (current or former employer, volunteer coordinator, etc.)

References may complete the form and return it to you, or they may send it directly to Mountain View Seniors' Housing at engage@mvsh.ca. Your application will not be considered complete until we have received both references.

AUTHORIZATION:

I verify that the statements made in this application are true and complete. I agree to abide by the policies and procedures of Mountain View Seniors' Housing.

Youth Volunteers (Under 18 Years of Age)

Volunteers under the age of 18 must obtain parental/guardian consent and must be accompanied and supervised by a registered adult volunteer (parent, guardian, or approved adult) at all times during their volunteer shifts.

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:

Signature of Applicant

Date

Signature of Parent/Guardian

Date

To Whom It May Concern,

Re: Request to Waive Criminal Record Check Fees for Volunteer Applicant

Mountain View Seniors' Housing (MVSH) is a not-for-profit organization providing supportive living, community housing, and seniors' housing services throughout Mountain View County. Volunteers play a vital role in helping us enrich the lives of our residents and enhance the services we offer across our lodge communities.

We respectfully request that the fees associated with a Criminal Record Check be waived for the bearer of this letter, who is applying to serve as a volunteer with MVSH. This role is entirely voluntary and unpaid.

Thank you for your support of community service and volunteerism. Should you require additional information or confirmation, please contact us at the information below.



Mountain View Seniors' Housing

Administration Office

#301 6501 – 51 Street, Olds, Alberta T4H 1Y6

(403) 556-2957

engage@mvsh.ca

APPENDIX 'B'

Mountain View Seniors' Housing Volunteer Reference Verification

Thank you for taking the time to complete this reference. Volunteers play an important role in enhancing the lives of the seniors we serve at Mountain View Seniors' Housing, and your honest feedback helps us ensure a safe, supportive, and positive environment for both our residents and volunteers. The information you provide will be used solely for the purpose of assessing the applicant's suitability for volunteering with our organization and will remain strictly confidential.

Volunteer Applicant: _____ **Date:** _____

Name of Reference: _____ **Phone:** _____

Relationship to Applicant: _____ **Years Known:** _____

Type of Reference:

____ Personal ____ Professional

1. Evaluate the following skills:

Skill	Below Average	Average	Excellent	Comments
Initiative				
Interpersonal Skills				
Cooperation				
Reliability				
Independent				
Quality of Work				
Compassion for others				
Trustworthiness				

2. Do you think the applicant works better (select all that apply):

- ☐ Independently
- ☐ One on One
- ☐ As a team member
- ☐ In any combination of situations
- ☐ Unknown

3. What are some of the applicants' strengths?

4. What are some of the applicants' opportunities to improve?

5. Do you have any reservations or concerns about the applicants' ability to:

- ☐ Maintain Confidential Information.
- ☐ Volunteer with vulnerable adults.
- ☐ Work without supervision.

6. Are there any reasons you would hesitate to recommend the applicant for volunteer placement with MVSH? If yes, please explain: ☐ Yes ☐ No

7. Additional Comments?

Thank you for completing this form. Please return it to the applicant so they may continue the Volunteer Application process. If you would prefer to submit your reference directly, you may contact Mountain View Seniors' Housing at 403-556-2957 or email the completed Reference Verification Form to engage@mvsh.ca.

All references will be kept strictly confidential.

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