



Volunteer registration form

Name: _____ **First name :** _____

Address: _____ **Apt :** _____
Civic number Street

City: _____ **Province:** _____ **Postal code:** _____

Phone: () _____ () _____ () _____
Home Cellular Other

Email: _____ **Date of birth:** yy / mm / dd _____ **Age :** _____ **Gender:** F M

Spoken languages: French English Others: _____

Canadian citizenship: Yes No, specify _____

IN CASE OF EMERGENCY:

Name: _____ **First name :** _____

Phone: () _____ **Relationship with this person :** _____

WHERE DID YOU HEAR ABOUT LA MAISON DE LA SÉRÉNITÉ ?

Local newspaper www.msplaval.ca Centre de bénévolat Social Networks Library

Other: *Specify* _____

COMPLETED STUDIES

High School Cegep : _____ University: _____

Other(s): *Specify* _____

OCCUPATION

Current Occupation: _____ Full Time Part-Time

Retiree / Previous field of work: _____

Student / Fields of study: _____

Other(s) / Specify: _____

EXPERIENCE IN VOLUNTEERING

Have you ever volunteered? Yes, name the organization: No _____

What was your role? _____

PERSONAL EXPERIENCES

Have you experienced the loss of a loved one recently*: No Yes, _____ months ago / years.

Date of death: *yyyy / mm / dd* Specify your relationship with this person: _____

** A minimum of one year after losing a loved one is desired before volunteering at MSPL.*

If you have experienced more than one loss, please attach a sheet.

Have you ever received training in end-of-life care?: Yes No

If yes, specify (period, organization, type of training, duration, etc.)

Availabilities: *(indicate the whole day and part of the day)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Evening							

CARE Schedule: AM from 8h to 12h30 / PM 12h30 to 16h30 / Evening 17h00 to 21h

RECEPTION Schedule: Monday to Sunday 9h – 13h OR 13h – 17h OR 17h – 20h

What motivated you to get involved as a volunteer at La Maison de la Sérénité?

FIELDS OF ACTIVITY

Please read the description of the activities in effect at La Maison on the following page.

Do you have any limitations that prevent you from performing specific tasks? Yes No

If yes, which ones? _____

What field of volunteer work are you most interested in? *If wanted, check more than one field.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Hairstyling |
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Interior | <input type="checkbox"/> Interior Maintenance |
| <input type="checkbox"/> Secretary / Administration | <input type="checkbox"/> Design | <input type="checkbox"/> Exterior Maintenance
<i>(Landscaping)</i> |

MY REFERENCES

Please provide the contact information of two (2) individuals who can support your application.

Name: _____ First Name: _____

Phone:() _____ Relationship with this person: _____ I have known this person for years

Name: _____ First Name: _____

Phone:() _____ Relationship with this person: _____ I have known this person for years

COMMITMENT SCOPE

The volunteer offers time and availability for the various activities of La Maison for a minimum commitment of four (4) continuous hours. This presence can be weekly or other, depending on the availability of each person. The details will be specified after your training.

ADDITIONAL INFORMATION

Note here any information about yourself that is useful to La Maison.

FIELDS OF ACTIVITY

Reception: Answer the phone and direct calls to the right person. Greet and guide visitors. Receive payment for meals. Participate in certain special events.

Entertainment: entertain the community through different mediums such as music, singing, art, etc.

Hairstyling: offers hairstyling services (cutting and styling) to the person facing the final stage of life.

Sewing (occasional): make repairs to clothing and accessories.

Kitchen: Assist the cook in his tasks. Participate in preparing meals and serving them. Wash dishes and maintain the cleanliness of the kitchen and storage areas.

Interior Design (occasional): help decorate La Maison for special events.

Interior Maintenance: perform regular Maintenance, repairs, and minor installations.

Exterior Maintenance, Landscaping: maintain flowerbeds, mow lawns, trim hedges and shrubs, rake leaves, parking lots, etc.

Philanthropy: assist with fundraising tasks such as visiting and soliciting vendors, attending the funeral home (In Memoriam donations), selling tickets, etc.

Secretary/Administration: Assist administrative staff with certain tasks: mailings, correspondence (proficiency in Word software required), etc.

Patient care : assist and support the person at the end of life and his/her family, such as providing comfort care to the patient (bathing, mobilization, mouth care, hygiene care, assistance with meals, distribution of water pitchers, change of bedding, entertainment...); accompany the patient and his/her loved ones by offering presence and attention; collaborate with the interdisciplinary team; provide the necessary material for the various tasks; do the laundry of La Maison.

PROTECTING THE VULNERABLE

Background checks will be conducted at the Police Department for all patient care volunteer applicants. The consent form will be completed at the interview with two pieces of identification.

Dear volunteer candidate,

Thank you for being so interested in our mission.

We assure you that all information provided will remain confidential and be given special attention.

Should you require additional information, please do not hesitate to contact us. We will do the same on our side.

By signing this form, you authorize us to verify the data provided with the appropriate authorities.

Name: _____

In block letters

Signature: _____

Signed at: _____

City

on: _____

Date

TRANSMISSION

Please return the completed form according to the chosen method.

La Maison de la Sérénité

Barbara Spence, Volunteer Coordinator

655, Bellevue Avenue

Laval (Québec) H7C 0A8

Phone: 450 936-4300 poste 289

Fax: 450 936-4301

Email: benevoles@msplaval.ca

It is also available for download on the La Maison website: <http://www.msplaval.ca/>

Interview: yy / mm / dd

Training: yy / mm / dd

Started: yy / mm / dd

Ended: aa / mm / dd

ACCEPTED APPLICATION

Yes

No, why ?

