Volunteer Information Form



Thank you for your interest in volunteering with Cozy Nest Care Home Inc. Your time and compassion will make a meaningful difference in the lives of our residents. Please complete this form to help us match your skills and interests with our volunteer opportunities.

Personal Information							
Please provide your contact details so we can reach you.							
Full Name:							
Street Address:							
City:		Province/State:		Postal Code/ZIP:			
Home Phone:		Mobile Phone:					
Ema	il Address:						
Availability							
Let us know when you're available to volunteer. Check all that apply.							
	Weekday m	ornings		Weekend me	ornings		
	Weekday af	ternoons		Weekend aft	ternoons		
	Weekday ev	venings		Weekend ev	enings		
	Flexible Ava	nilability: 🛭 I am available o	n a fle	xible schedule			
Volunteer Interests							
What type of volunteer work are you interested in? Check all that apply.							
	Resident Interaction						
	Socializing (Spending time with residents, chatting, playing games)						
	Reading to residents						
	Assisting with recreational activities (e.g., bingo, crafts, music)						
	Nail Care (Painting or designing nails for residents)						
	Pet Therapy (If you have a certified therapy animal)						
Specialized Skills							
	Music (Playing instruments, singing, or organizing music activities)						
	Art/Crafts (Leading or assisting with creative projects)						
	Photography/Printing (Taking photos or managing prints)						
	Interior Decoration (Helping decorate common areas)						
	Other:						

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Skills and Qualifications Tell us about your skills, hobbies, or experiences that	could be valuable as a volu	inteer in a long-term care home.
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Previous Volunteer Experience Have you volunteered before, especially in a care hor	ne or similar setting? If yes	, please share your experience.
Emergency Contact Information		
Please provide the details of someone we can co	ntact in case of an emerg	gency.
Full Name:	Relationship to You:	
Street Address:	_	
City: Province/State	:	Postal Code/ZIP:
Home Phone:	Mobile Phone:	
Email Address:		
References		
We require two references to complete your app	olication.	
Reference 1:		
Full Name:		
Phone Number:		
Email Address:		
Relationship to You:		
Reference 2:		
Full Name:		
Phone Number:		
Email Address:		
Relationship to You:		

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Equal Opportunity Policy

Cozy Nest Care Home Inc. is committed to providing equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Abuse of any kind will not be tolerated.

Volunteer Agreement

By submitting this application, I affirm that the information provided is true and complete. I understand that any false

statements, omissions, or misrepresentations may result in immediate dismissal.					
I authorize Cozy Nest Care Home Inc. to: ☐ Contact the references listed above. ☐ Conduct a criminal record check, if required. ☐ Verify my identification and/or driver's abstract, if necessary.					
I understand that I will be notified in advance if any of these checks are required. If I am under the age of majority, I confirm that my parent/guardian has provided their consent below.					
Applicant Section					
Applicant Name:					
Applicant Signature:					
Date:					
Parent/Guardian Section (if applicable)					
Parent/Guardian Name:					
Parent/Guardian Signature:					
Date:					
Documents Checklist Please ensure the following documents are submitted with your application:					
☐ Completed Volunteer Application Form					
☐ Photo Waiver Volunteer Agreement					
☐ Confidentiality Agreement Form					
☐ Criminal Record Check (if required)					
☐ Identification (ID)					
Confidentiality Statement All information provided will be kept confidential and used solely for volunteer screening purposes.					
Thank You! We appreciate your interest in volunteering with Cozy Nest Care Home Inc. A member of our team will contact you shortly to discuss next steps.					

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