Volunteer Service & Disclosure agreement

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: _____

Email Address: _____

Availability

Let us know when you're available to volunteer. Check all that apply.

- ☐ Weekday mornings
- ☐ Weekday afternoons
- ☐ Weekday evenings
- ☐ I am available on a flexible schedule.
- ☐ Weekend mornings
- ☐ Weekend afternoons
- ☐ Weekend evenings

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: _____

Skills and Qualifications

Tell us about your skills, hobbies, or experiences that could be valuable as a volunteer in a long-term care home.

_____

_____

_____

admin@cozynestcare.ca www.cozynestcare.ca (306) 978 6266 (306) 978 6425

Previous Volunteer Experience

Have you volunteered before, especially in a care home or similar setting? If yes, please share your experience.

_____

_____

_____

_____

Emergency Contact Information

Please provide the details of someone we can contact in case of an emergency.

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 application.

Reference 1:

Full Name: _____

Phone Number: _____

Email Address: _____

Relationship to You: _____

Reference 2:

Full Name: _____

Phone Number: _____

Email Address: _____

Relationship to You: _____

Equal Opportunity Policy

Cozy Nest Care Home Inc. provides equal opportunities regardless of race, religion, gender, age, disability, or sexual orientation. Discrimination or abuse of any kind is strictly prohibited.

Volunteer Insurance Disclaimer

Important: Cozy Nest Care Home Inc. **does not** provide insurance coverage for volunteers. You are responsible for securing your own personal insurance for any accidents or injuries that may occur during volunteer activities.

☐ **I acknowledge that I am responsible for my own insurance coverage.**

Applicant Signature: _____

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Confidentiality & Facility Access

Volunteers may have **limited access to resident information and secure areas**. All personal/medical details must remain confidential. Unauthorized disclosure or misuse of access privileges will result in immediate termination.

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: _____ Witness Name _____

Applicant Signature: _____ Witness Signature _____

Date: _____ Date _____

Parent/Guardian Section (if applicable)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Documents Checklist

- ☐ Completed Volunteer Application Form
- ☐ Photo Waiver Volunteer Agreement
- ☐ Confidentiality Agreement Form
- ☐ Criminal Record Check (Vulnerable sector check)
- ☐ 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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