## **Volunteer Application**

Eatonia Oasis Living Box 217 Eatonia, Saskatchewan S0L 0Y0 Phone (306)967-2447 Fax (306)967-2434 Email eol@sasktel.net

Contact Information		
Name		
Address		
Town, Province, Postal Code		
Home Phone		
Work/Cell Phone		
E-Mail Address		
Can we call you at work?		
Person to Notify in Case of Emergency		
Name		
Address		
Town, Province, Postal Code		
Home Phone		
Work/Cell Phone		
E-Mail Address		
Youth Consent		
Your child has expressed an interest in serving as a volunteer of Eatonia Oasis Living Inc. Before we can accept your child into any program, we need your approval. Please provide your consent by signing in the space below. (if you would like more information about the Volunteer Program, please contact the facility)		
Name of parent/guardian:		
Signature:		
Date:		
Oriente al Danas de Obra de		
Criminal Record Check		
A Criminal Record Check is required by Eatonia Oasis Living Inc. Have you ever been convicted of a criminal offence for which you have not received a pardon?YesNo		
Availability		
During which hours are you available for volunteer assignments?		
Weekday mornings	Weekend mornings	
Weekday afternoons	Weekend afternoons	
Weekday evenings	Weekend evenings	
Other? Please specify_	-	

Skills, Hobbies, Interests	
<b>187</b> 1	
wny a	re you interested in becoming a volunteer?
Is ther	e a job assignment you would rather NOT do?
10 11101	o a job accignment you would rather not ac.
Additi	onal Comments or Information
Volun	teer Code of Confidentiality
4	As I participate with residents, I will respect their right to total privacy concerning the details of
	their lives such as their names, addresses backgrounds, family relationships and the nature of
	their problems.
4	As a volunteer, I must limit my discussion to the specific duties and responsibilities outlined in my
4	job description. That is, I can talk about <u>what</u> I do, but <u>not with whom</u> I do it with.  I understand my confidentiality continues even if I cease to be a volunteer with Eatonia Oasis
	Living Inc.
4	As I participate with the Volunteer Program, I will respect its right to be presented in a positive,
	favorable light to others. As a volunteer, I am a responsible representative of Eatonia Oasis
	Living and a powerful force in the community.  If I have any problems with my commitment, I will look first to Eatonia Oasis Living for support
4	and resolution.
Signatu	ure Date
Personal References (other than family member)	
L 6120	nai Neierences (Outer triair iaininy member)
1.	NamePhone Number
2.	NamePhone Number