

# Snider Campus for Jewish Seniors Volunteer Application Form

Please mail your completed application to:  
Nomi Fenson, Coordinator Volunteer Services,  
Dr. Irving & Phyliss Snider Campus for Jewish Seniors  
1055 West 41<sup>st</sup> Avenue  
Vancouver, BC V6M 1W9  
604-261-9376 Ext: 289  
Or fax it to: 604-266-8712 or email to [nfenson@louisbrier.com](mailto:nfenson@louisbrier.com)  
otherwise drop it off at the Louis Brier Home & Hospital

Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday (month/day )(year if you wish) \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Category: Teen \_\_\_ Adult \_\_\_ Retiree \_\_\_

Occupation: \_\_\_\_\_

Are you a student? If yes, where and what year? \_\_\_\_\_

Previous employment and volunteer experience: \_\_\_\_\_

Languages: spoken: \_\_\_\_\_ written: \_\_\_\_\_

Please tell us anything else that may be relevant to the volunteer work you would like to do (special skills and/or your interest): \_\_\_\_\_

Why do you wish to volunteer at the Snider Campus? \_\_\_\_\_

How did you learn of volunteer opportunities at the Snider Campus? \_\_\_\_\_

Are you also applying for employment at the Snider Campus? If yes, for what? \_\_\_\_\_

Who should we contact in the event of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Please list 2 references preferably not friends or family. (Note – these individuals will be contacted).

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Length of commitment:

3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 1 Year \_\_\_\_\_ Other \_\_\_\_\_

Times available for volunteer work (please list under each day your available hours)

	Sun	Mon	Tues	Wed	Thurs	Fri	On Call
AM							
PM							

Volunteer Opportunities: Check all boxes that are of interest to you

- |   |   |
|---|---|
| <input type="checkbox"/> Bingo Calling                        | <input type="checkbox"/> Office Assistance              |
| <input type="checkbox"/> Bus Outings                          | <input type="checkbox"/> Palliative Care                |
| <input type="checkbox"/> Computers                            | <input type="checkbox"/> Pet Visits ( <i>own pets</i> ) |
| <input type="checkbox"/> Friendly Visitor                     | <input type="checkbox"/> Recreation Programs            |
| <input type="checkbox"/> Gardening                            | <input type="checkbox"/> Rehabilitation Department      |
| <input type="checkbox"/> Gift Shop                            | <input type="checkbox"/> Religious Services             |
| <input type="checkbox"/> Medical Escort ( <i>no driving</i> ) | <input type="checkbox"/> Special Events                 |
| <input type="checkbox"/> Music Therapy                        | <input type="checkbox"/> Other _____                    |

**"I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE"**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Placement Details: \_\_\_\_\_

Contract of Confidentiality: \_\_\_\_\_ Orientation date: \_\_\_\_\_

Notes: \_\_\_\_\_

Volunteer Works Entry: \_\_\_\_\_ Name tag: \_\_\_\_\_

End Date: \_\_\_\_\_ Reason: \_\_\_\_\_