

HASTINGS MANOR
476 Dundas St. W.
P.O. Box 458
Belleville, ON K8N 5B2



Phone: 613-968-6467
Fax: 613-771-2409
www.hastingscounty.com

Volunteer Application Form

Applicant Information

Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Occupation: _____

Volunteer Information

Volunteer Involvement: Have you volunteered before? If yes, please list your experience.

Agency/Organization

Volunteer Position

Agency/Organization	Volunteer Position
_____	_____
_____	_____
_____	_____
_____	_____

Volunteer Skills: Please list your skills and interests.

Time Availability: Please indicate all the days and times you are available.

Day	Times Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Volunteer Positions Available: Please check off all that interest you.

- Courtyard Café Friendly Visitor Hair Salon
 Fitness Center Mealtime Assistant
 Outdoor Grounds After Hours Guest Services

What to Expect

- You will be contacted by our Activation Coordinator for an interview.
- Vulnerable Persons Sector Police Records Checks are requested for volunteering in long term care. Applicants under 18 years of age need to have their parent/guardian’s consent. Note: This does not apply if the person will not perform work that does not involve direct care to the residents and will be monitored and supervised by staff.
- Reference checks must be completed.
- You will be required to have a 2-step TB test.
- You will be requested to have the flu vaccine every year.
- A full day of orientation is provided.
- Volunteers work under the supervision and authorization of the Department Supervisor.
- Volunteers under the age of 18 must have written parent/guardian consent.

Parent/Guardian’s Signature: _____ Date: _____

Please return this application to Hastings Manor by mail, fax (613-771-2409) or email the Activation Coordinator at leclairj@hastingscounty.com Phone: 613-968-6467 extension 2244