



1055 West 41st Avenue, Vancouver, BC V6M 1W9  
 Tel (604) 261.9376 Fax (604) 266.8712 www.louisbrier.com

# LOUIS BRIER HOME & HOSPITAL

## APPLICATION TO VOLUNTEER

Please complete this application form and you will be contacted for an interview

### PERSONAL INFORMATION

Last Name	Given Names	Dr. Mr. Mrs. Ms. Miss
Street Address, Apt #		
City/Town/P.O.	Province	Postal Code
Phone (Home)	Phone (Cell )	Phone (Work)
Email	Birthday (month/day/year) (optional)	
Category (Teen 15 +, Adult, Retiree)	Current Occupation/Employment	
Employment summary: attach resume (optional)		
If retired, what was your occupation?		
Previous Volunteer Experience: attach list (optional)		
If you are currently a student: name of school and program, academic/professional direction:		
Have you ever been an employee, private companion or volunteer at Louis Brier? If yes, please provide details below		
Volunteer Position	Employee Position	Private Companion
Dates: From _____ To _____		
Why did you leave this position?		

### REFERENCES

List 2 references (not family or friends) whom we can contact for a character reference.

Name	Phone number
How do you know this person?	
Name	Phone number
How do you know this person?	



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## YOUR AVAILABILITY (Please check all dates and times you can be available)

MON			TUE			WED			THU			FRI			SAT			SUN			ON CALL		
AM	AFT	EVE	AM	AFT	EVE	AM	AFT	EVE	AM	AFT	EVE	AM	AFT	EVE	AM	AFT	EVE	AM	AFT	EVE	AM	AF	EVE

## LENGTH OF COMMITMENT (Upon request, a reference letter will be provided after 6 months of service)

6 months	1 year	Special Assignment	Summer only
		From: _____ To: _____	

## LANGUAGES (Fluency in spoken English is a requirement. List your fluency in other languages)

Language	Speak	Read	Write	Translate
1				
2				
3				
4				

## ADDITIONAL INFORMATION

How did you hear about volunteering at the Louis Brier?					
Website	Go Volunteer	Community	Other volunteers	School	Other
Why would you like to volunteer at the Louis Brier?					

Please list your skills /interests/hobbies relevant to the volunteer work you prefer
Do you require volunteer hours for school? (How many) _____ Other: (Specify) _____

## EMERGENCY INFORMATION (please supply 2 local contacts)

Emergency Contact #1	Relationship	Home phone	Work phone	Cell
Emergency Contact #2	Relationship	Home phone	Work phone	Cell
Do you have any medical conditions that might limit your ability to volunteer? If so, what are your limitations?				



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## VOLUNTEER OPPORTUNITIES

Check all topics that interest to you, and please add your own suggestions

Administrative Support to staff		Library: Cataloguing: Books, CD's, DVD's, records
Art Programs		Listening to music with residents
Audio Visual (photos, slide shows, etc.)		Manicures and Makeovers
Auxiliary (planning fundraisers, teas etc.)		Movie Matinees/Evenings
Bingo Calling (afternoons or evenings)		Musical performance
Book Club		Music Therapy Programs (assist music therapist)
Bus Outings & Community trips (shopping, Scenic drives, concerts, lunch outings )		Palliative Care Visits
Computer Support: Residents		Pet Visits: Bring your pets to visit.
Computer support: Staff		Photography: taking and/or editing photos
Entertainment: musical, theatre		Physiotherapy Programs (work with rehab team)
Family visits		Recreation Programs (work with recreation team)
Friendly Visitor 1:1 visits		Synagogue Services: daily, Saturdays , holidays
Games: cards, bridge, scrabble, mahjong		Special Events (birthday parties, concerts, BBQ's,
Gardening: indoor, outdoor plant care		Slide shows and travelogues
Gift Shop		Special Project Assignments
Holiday Celebrations		Walking with residents (indoor /outdoor)
Languages: talking with, reading to, translating for residents and staff		We want to hear your suggestions!

### THE NEXT STEP....

Thank you for applying to the Louis Brier Home and Hospital Volunteer Services Department. Your application will be reviewed and you will be contacted for an interview.

If you are accepted into the volunteer program you will be:

- Invited to attend a 2 hour volunteer orientation session.
- Required to submit a request for a criminal record check. (There is no fee for volunteers).
- Required to have a current flu shot, or wear a mask while visiting the facility during flu season.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Month / Date / Year

Please mail, fax, drop off, or email your completed application to:

Coordinator Volunteer Services  
 Dr. Irving & Phylis Snider Campus for Jewish Seniors  
 1055 West 41st Avenue  
 Vancouver BC V6M 1W9

Phone: 604-267-4736  
 Fax: 604-266-8712  
 Email: nfenson@louisbrier.com