



Offered by:
Alzheimer Society
PRINCE EDWARD ISLAND

Volunteer Application

Thank you for your interest in becoming a volunteer in our Volunteer Companion Program (VCP). Please use the guidelines below to ensure you provide us with the application requirements:

Completed Volunteer Application (Below)

Completed Criminal Record Check and Vulnerable Sector Check (See more below)

Signed Confidentiality Agreement (Provided below)

Copy of a Government Issued ID

Please email all documentation to society@alzpei.ca or mail/drop-off to:

Alzheimer Society of PEI

166 Fitzroy Street
Charlottetown, PE
C1A 1S1

Upon receiving all documentation above you will be contacted by the Volunteer Companion Program Coordinator.

Thank you for your interest in this program!

Section A

Last Name:	First Name:	Date:
Address:	City/Community:	Postal Code:
Email:	Phone:	Birth date (Day/Month/Year):
<p>You are (please check):</p> <p style="text-align: center;"> <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> A Student <input type="checkbox"/> Other: </p>		
<p>You prefer to visit with the participant:</p> <p style="text-align: center;"> <input type="checkbox"/> In person <input type="checkbox"/> Virtually (phone or video chat) </p>		
<p>Emergency Contact:</p> <p>Name: _____ Relationship: _____ Phone: _____</p>		

Section B:

<p>Do you have an awareness of the effects of Alzheimer’s Disease or other dementias? If yes, please describe:</p>
<p>Have you ever worked with people who have Alzheimer’s Disease or other dementias? If yes, please describe:</p>
<p>Have you ever been involved with other volunteer services? If yes, please list the organization, type of work done and when you were involved.</p>

What have you enjoyed most in previous volunteer assignments? Least?

If you have had previous volunteer experience, in what ways did the organization support you that you found helpful?

What do you understand a Volunteer Companion to be?

What do you hope to experience by volunteering as a Volunteer Companion?

What would make you feel successful in this program?

Sometimes people who work with those living with dementia say that they should not bother because the person won't remember them. How would you respond if someone said that to you?

Section C

Can you commit your time for a minimum of 6 months?

YES NO

Can you commit your time for at least 1-2 hours per week at a regular day/time?

YES NO

Time Available for volunteering:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have any allergies/sensitivities that would prevent you from going into someone's home? (Check all of the following that would prevent you from going into someone's home)

Pets Scents Cigarette Smoke Other

Are there any other considerations for us to keep in mind?

Do you prefer to visit: A Man A Woman No Preference

Are you willing to drive out of your community to visit someone in a neighbouring town/ rural area? YES NO

If yes, how far would you be willing to go?

Section D

The following information will be used to help us create well suited companion matches:

Please describe your personality and temperament.

Please describe your hobbies and interests.

Please list any skills/training/education below.

Do you have any pets?

Are there any personal accomplishments/achievements you would like to share?

Have you travelled? If so, where?

Do you speak or write in any language other than English?

Do you have any religious affiliations or other group affiliations?

Please add any additional information you would like to share that could be beneficial for us in forming a match.

Section E

REFERENCES		
Please provide the names of two people who are not relatives and have known you for at least two years, that the Alzheimer Society of PEI may contact as personal references .		
1. Name:	Phone:	Email:
Address:	City/Community:	Postal Code:
How do you know this person?		
How long have you known this person?		

2. Name:	Phone:	Email:
Address:	City/Community:	Postal Code:
How do you know this person?		
How long have you known this person?		

Please provide the names of two people who are not relatives and have known you for at least two years, that the Alzheimer Society of PEI may contact as professional references .		
1. Name:	Phone:	Email:
Address:	City/Community:	Postal Code:
How do you know this person?		
How long have you known this person?		

2. Name:	Phone:	Email:
Address:	City/Community:	Postal Code:
How do you know this person?		
How long have you known this person?		

Police Record Check with Vulnerable Sector

When getting a Police Records Check and Vulnerable Sector, you will need to take:

- A letter stating that you are a volunteer or that you have applied to be a volunteer (Provided below)
- 2 pieces of identification
 - 1 must be Government issued and must include the applicant's name, date of birth, signature and photo of the applicant.
 - Acceptable forms of photo ID include: Driver's Licence, BYID (Bring Your Identification, issued by the LCBO), Military Employment Card, Canadian Citizenship Card, Indian Status Card, Passport, Permanent Resident Card, PAL (Possession and Acquisition Licence issued by the Chief Firearms Office), CNIB card, P.E.I. Photo ID Card, NEXUS Card or FAST pass.
 - Acceptable forms of Non-Photo Identification include a Birth Certificate, Baptismal Certificate, Hunting Licence, Outdoors Card, Canadian Blood Donor Clinic and Immigration Papers.

*Please note that the use of P.E.I. Health Cards and Social Insurance Number (SIN) Cards as Identification are not permitted due to legislative restrictions.

Date:

has applied to volunteer with the Alzheimer Society of PEI as a Volunteer Visitor in the Volunteer Companion Program. Both a Criminal Record Check and Vulnerable Sector Check must be completed as part of the on-boarding process.

will be working with our clientele, which includes individuals living with dementia and their families, and being privy to confidential information.

All Alzheimer Society of PEI volunteers require a Criminal Record Check, including Vulnerable Sector.

Thank you.

Sincerely,

Alzheimer Society of PEI

STATEMENT OF CONFIDENTIALITY

I agree that:

- Client, employee and volunteer information is strictly confidential;
- Any information regarding clients, their illnesses, treatment and private affairs cannot be discussed or released without consent of the client;
- It is my responsibility to make a reasonable effort to keep any written information about the client secure and private at all times;
- Only financial information that has been ratified by the Board of Directors can be released;
- The conditions and procedures for the removal, use and release of records are defined in accordance with the Freedom of Information and Protection of Privacy Act;
- All confidential issues concerning the Alzheimer Society of Prince Edward Island must be respected as such;
- Breach of confidentiality is a serious matter and will result in immediate termination of the agreement between the Society and volunteer, work placement, cooperative education student or staff in question.

Print Name

Signature

Date