



LONG-TERM CARE DIVISION

Marshall Gowland Manor Lambton Meadowview Villa
North Lambton Lodge

Volunteer Application Form

Lambton Meadowview Villa <input type="checkbox"/>	Alzheimer Adult Enrichment Centre <input type="checkbox"/>
Marshall Gowland Manor <input type="checkbox"/>	Marshall Gowland Outreach <input type="checkbox"/>
North Lambton Lodge <input type="checkbox"/>	North Lambton Outreach <input type="checkbox"/>

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (Res) _____ (Bus.) _____

(Cell) _____ E-mail: _____

Choices of Volunteer positions within the organization:

1. _____

2. _____

3. _____

If these choices are not available, would you consider a different position? Yes No

Identify your previous volunteer position(s):

Association

Volunteer position

_____	_____
_____	_____
_____	_____

Why are you volunteering for this position?



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References:

List three references (e.g. previous agency where you volunteered, employer, professional).

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (Res) _____ (Bus.) _____

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (Res) _____ (Bus.) _____

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (Res) _____ (Bus.) _____

Please fill out the release of information form attached.

Date: _____ Signature: _____



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Release of Information

AUTHORIZATION FOR COLLECTION OF PERSONAL INFORMATION

I, _____, authorize the Lambton County
(name of applicant)

Long-Term Care Division to collect personal information appropriate to the position applied for concerning my academic background and employment history, and to verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

day/month/year

applicant's signature