



“To care for those who once cared for us is one of life’s highest honours.”

-unknown

## Volunteer Program

Thank you for your interest in becoming a volunteer at Labdara Lithuanian Nursing Home. To become a volunteer, you must submit the following:

1. **Application form.**
2. **Vulnerable Sector Police check.**

If you live in City of Toronto, apply for your police check online at the Toronto Police Service website: [tps.ca](https://tps.ca). Under the Police Services tab, click on Vulnerable Sector Check.

The unique Agency Code for Labdara Lithuanian Nursing Home is: 202309TPSON1A5CF

If you live outside of the City of Toronto, contact your local Police Service to obtain information about completing a Vulnerable Sector Check where you live.

3. **2-step skin test for Tuberculosis (TB) or a chest x-ray.** Your health care provider will determine which you require. TB testing is also available at some walk-in clinics, and community health centres. Call ahead to check about availability and cost of the skin test. OHIP does not cover the cost of TB skin tests that are required for volunteer purposes.
4. **Proof of COVID vaccination.** The minimum COVID vaccination requirement is 2 doses, although we encourage our volunteers to stay up to date with all recommended booster doses.

**Flu vaccination** is highly recommended and encouraged. It is important for you to know that not being vaccinated against the flu may at times limit your access to the home or to residents.

Volunteers must follow all infection control practices while they are in the home.

Once you have completed the application process and submitted the required information, you will have to participate in volunteer education and fill out other forms. Training will be provided for assisting with feeding residents.

If you have a family member at Labdara, you would likely be performing volunteer activities/duties on a different floor.

Once you have volunteered regularly for a period of 9 months, at your request, and with proof of payment, Labdara Lithuanian Nursing Home will reimburse you up to \$80.00 for TB tests, and for the cost of your Vulnerable Sector Police Check.

If you have questions about volunteering at Labdara Lithuanian Nursing Home, please contact:

**Ljiljana Gavrilovic**  
**Programs Manager**  
416-232-2112 ext. 403  
lifeenrichment@labdara.ca



## Volunteer Application Form

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Emergency contact. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### Your availability:

**Time of day available.** Please specify number of hours.

Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_ All day \_\_\_\_\_

**Days of week available:**

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

**How often would you be able to volunteer?**

\_\_\_ daily \_\_\_ several times a week \_\_\_ once a week \_\_\_ several times a month \_\_\_ my time is flexible

**List/describe special skills:** (hobbies, talents, interests, etc.) \_\_\_\_\_

\_\_\_\_\_

**Describe past volunteer experience:** \_\_\_\_\_

\_\_\_\_\_

**Describe past experience working with the elderly:** \_\_\_\_\_

\_\_\_\_\_

**Area(s) of interest:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Arts and Crafts                     | <input type="checkbox"/> Hand massaging            | <input type="checkbox"/> Pet therapy                             |
| <input type="checkbox"/> Baking                              | <input type="checkbox"/> Happy hour                | <input type="checkbox"/> Prayer, meditation, and religious talks |
| <input type="checkbox"/> Beauty hour                         | <input type="checkbox"/> Indoor gardening          | <input type="checkbox"/> Reception                               |
| <input type="checkbox"/> Bingo                               | <input type="checkbox"/> Interpreting              | <input type="checkbox"/> Play musical instrument                 |
| <input type="checkbox"/> Birthday parties                    | <input type="checkbox"/> Intergenerational program | <input type="checkbox"/> Reflexology                             |
| <input type="checkbox"/> Board/card games                    | <input type="checkbox"/> Letter writing/reading    | <input type="checkbox"/> Sensory activities/mystery box          |
| <input type="checkbox"/> Catholic Mass                       | <input type="checkbox"/> Library                   | <input type="checkbox"/> Sewing/ironing/knitting                 |
| <input type="checkbox"/> Concerts/Entertainment              | <input type="checkbox"/> Memory/sensory walking    | <input type="checkbox"/> Sing song                               |
| <input type="checkbox"/> Decorating for special events       | <input type="checkbox"/> Memory room               | <input type="checkbox"/> Transporting to Sunday Church Services  |
| <input type="checkbox"/> Escorting residents to appointments | <input type="checkbox"/> Memory scrap booking      | <input type="checkbox"/> Walking with residents                  |
| <input type="checkbox"/> Exercising                          | <input type="checkbox"/> Movement to music         | <input type="checkbox"/> Other (please specify) _____            |
| <input type="checkbox"/> Family education                    | <input type="checkbox"/> Movie night               | _____  |
| <input type="checkbox"/> Mealtime assistance                 | <input type="checkbox"/> Music group               | _____  |
| <input type="checkbox"/> Floral arranging                    | <input type="checkbox"/> Office assistance         |  |
| <input type="checkbox"/> Friendly visiting                   | <input type="checkbox"/> Outings                   |  |
| <input type="checkbox"/> Gardening/landscaping               | <input type="checkbox"/> Parties/special events    |  |
|  | <input type="checkbox"/> Pastoral visiting         |  |

**Please provide 2 references.** An employer/previous volunteer supervisor, a teacher, coach, clergy, physician, landlord or someone who knows you well should provide a reference. Family members or friends may not provide a reference.

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

Email: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Email: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**I acknowledge that all of the above information is true.**

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



## Medical Certificate for Volunteers

**Patient's name:** \_\_\_\_\_

**TB skin test 1.** Date: \_\_\_\_\_ **Skin test:** positive \_\_\_\_ negative \_\_\_\_

**TB skin test 2.** Date: \_\_\_\_\_ **Skin test:** positive \_\_\_\_ negative \_\_\_\_

**And/or**

**Chest x-ray:** Date: \_\_\_\_\_ positive \_\_\_\_ negative \_\_\_\_

**Date of most recent flu vaccination:** \_\_\_\_\_

**Form completed by:**

Name and Title: \_\_\_\_\_

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