



“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.** The required form **for volunteers who live in Toronto** is included in this package. The form must be signed by you and the designated contact person at Labdara Lithuanian Nursing Home. Attach payment of \$20.00 for the Vulnerable Sector Check. Certified cheques, business cheques and money orders made payable to the Toronto Police Service are accepted forms of payment. Personal cheques are not accepted.

You may bring the completed form with payment to Toronto Police Headquarters, 40 College St., to the Information Access Counter in the lobby, from 7 a.m. to 4:30 p.m. Monday to Friday, excluding statutory holidays.

You may also mail your completed form with payment to:

Toronto Police Service  
Attn: Information Access  
40 College Street, 4th Floor  
Toronto, ON  
M5G 2J3

Please Note: 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. You should call 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 all volunteers to stay up to date with all recommended booster doses.

*Please turn over...*

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.

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 3 months, at your request, Labdara Lithuanian Nursing Home will reimburse the cost of your Vulnerable Sector Police Check (up to 20\$) and TB tests up to 20\$/test. (Eg. Step one 20\$ and Step 2 20\$ = full cost will be reimbursed; if Step one 30\$ and Step 2 30\$ = Labdara will reimburse 40\$).

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

**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 \_\_\_\_\_

**Flu vaccination:** \_\_\_\_\_ Date: \_\_\_\_\_

**Form completed by:**

Title, Name: \_\_\_\_\_

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