



“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. 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:

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:

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