

Newcomer Connections for Senior Caregivers

VOLUNTEER MENTOR FORM

ABOUT THE PROGRAM:

The program engages senior caregivers in northwest Toronto who are at a high risk for social isolation due to language and cultural barriers, as well as caregiving duties.

BENEFITS TO YOU:

- **Knowledge exchange** —You will learn from the expertise of seniors, and share your own experiences
- **New perspectives** —Gain new perspectives on why social isolation is present or increasing amongst seniors in our community
- **Become a part of your community** —Support your community in a meaningful way, while increasing your knowledge of social and immigrant issues

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|---|---|---|
| LAST Name: | FIRST Name: | Age Range: Under 25 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 + <input type="checkbox"/> |
| Email: | Telephone: | Length of time in Canada |
| Address and postal code: | | |
| Field of Occupation (Work)/Studies: | Current employment/studies: | Gender: |
| Do you speak other languages? If yes, please specify | What is your availability? Days of Week: Time of day: | |
| Have you volunteered with North York Community House (NYCH) before? Yes ____ No ____ If yes, in what program and when? _____ If not, how did you hear about NYCH? _____ | | |
| Have you had any previous experience as a mentor? Yes ____ No ____ | | |
| EMERGENCY CONTACT INFORMATION (in case of illness or injury): | | |
| Full Name: _____ Relationship to you: _____ | | |
| Phone numbers: _____ Email: _____ | | |

What are your goals for participating in the Newcomer Connections for Senior Caregivers Program?

What experience and knowledge do you have around seniors?

What do you know about newcomers? Caregivers?

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Having a 1:1 relationship with a 'partner' who experiences isolation requires commitment. Are you able to commit to a minimum of 6 months (minimum 1 hour/week for 6 months)?

Yes No—Why not? _____

If no, what kind of group activity can you facilitate? _____

Are you interested in outreach activities? Yes No

Are you able commit to training sessions (two days)? Choose 1 or more preferences:

Yes. I prefer **week-day EVENING** sessions.

Yes. I prefer **week-day DAY** sessions.

Yes. I prefer **weekend** sessions.

No—Why not? _____

References: **MUST** be filled in or application cannot be processed

References can be persons such as a past employer, teacher, supervisor where you have volunteered, *extended* family member (you may list only *one*), religious leader, neighbour, etc. One of your references must be a professional reference (i.e. past employer). We will accept one written reference. Please inform your references we will be contacting them.

| | |
|--------------------|--|
| 1. Reference Name: | Relationship and years I've known this person: |
| Email: | Daytime Phone Number: |
| 2. Reference Name: | Relationship and years I've known this person: |
| Email: | Daytime Phone Number: |

Police Screening – we conduct Police Reference Checks for NYCH volunteers depending on program requirements.

Do you consent to NYCH conducting a police reference check on you? Yes ___ No ___
(Please be advised that a police record does not necessarily disqualify you from volunteering.)

Thank you for applying. Information collected in this form is used to determine suitability for the Newcomer Connections for Senior Caregivers (NCSC) project and to allow the NCSC manager or coordinators to keep in touch with you. The personal information obtained through this form will not be shared with any outside organizations. All information is stored electronically with password protection for NYCH staff access only. NYCH reserves the right to accept/reject applicants without needing to provide an explanation.

By signing below you are certifying that all information provided is true and complete:

FALSE STATEMENTS OR OMISSIONS ARE GROUNDS TO TERMINATE THE RELATIONSHIP NO MATTER WHEN THEY ARE DISCOVERED.

Signature: _____

Date: _____

A typed-in name will indicate a signature when emailed

A parent/guardian must sign this form on behalf of any applicant who is under 18 years of age indicating authorization of their child to volunteer with NYCH.

Parent/Guardian Signature: _____

Date: _____