The Birches

VOLUNTEER APPLICATION FORM

Last Name: _____ **First Name** _____

Date of Application: _____ **Signature**: _____

Age: 13-18 ❒ 19 - 30 ❒ 31 - 49 ❒ 50 - 64 ❒ 65 + ❒

Birth Date (M/D): _____ (Optional) **Pronouns (she/her he/him they/them other)**: _____ (Optional)

Mailing Address: _____

Apt or House # /Street / PO Box/ City / Province / Postal Code

Phone #: Home _____ **Cell**_____

Email address: _____

Occupation: _____

(Employed/ Retired/ Student/ Post-Secondary/ other (specify)

EMERGENCY CONTACT: (in case of accident or illness while volunteering)

Name: _____ Relationship: _____

Address: _____

Street and/or Po Box , city , province, postal code

Home Phone: _____ Alternate Phone: _____

Previous/Present Volunteer Experience/ Relevant Education & Training/ Languages Spoke/ Skills:

_____

_____

Membership in Clubs/ Organizations/ Hobbies/ Interests: _____

_____

Why are you interested in becoming a volunteer? _____

_____

_____

How did you hear about us? _____

_____

Do you have any health challenges that we should be aware of? _____

*****All volunteers, 19 years & older, are required to have a Criminal Records/Vulnerable Sector Search completed before volunteering at The Birches which shows that NO record has been located*****

VOLUNTEER OPPORTUNITIES (please check the opportunities you are interested in)

OPPORTUNITY	DESCRIPTION	√
Front Desk	Provide a warm and welcoming environment for residents, visitors, and staff by managing the front desk area.	
Recreation Support	Along with the recreation staff, provide support to residents attending programs: bingo, music, special events, renewing past leisure interests, and goal focused programming etc.	
Tuck Shop	2-3 hour shift, preferably scheduled monthly for consistency. (training provided)	
Dining Assistant	Assisting at mealtime with set-up, portering, clearing tables, etc. and/or Assisting residents with eating their meals. Training is provided.	
Gardening	Assist residents with maintaining Birches flower gardens and indoor plants.	
Friendly Visitor	Visiting with residents, engaging in activities such as reading, conversation, letter writing, walking, playing cards, etc.	
Musical Talent	Sharing time and talent 1:1 or with a group of residents in one of our common spaces, or bedside.	
Spiritual Care	Provide a supportive presence to residents, family, and staff through encouragement and portering support in assisting residents to church services and hymn sings.	

AVAILABILITY (please check) Weekdays ❒ Evenings ❒ Weekends ❒

REFERENCES (Someone who knows your qualifications and character - no family, please)

1. Name: _____ Relationship: _____

Address: _____ _____
House #, Street, **Community, Province** **email address**

Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Address: _____ _____
House #, Street, **Community, Province** **email address**

Home Phone: _____ Work Phone: _____

IF YOU ARE 13 YEARS to 18 YEARS OLD, A PARENT/GUARDIAN MUST SIGN BELOW

As per the opportunities checked above, I give permission for the above applicant to volunteer with the Birches:

_____

Parent/Guardian Signature **Date**

Return application to or for more information, contact:	**Office Use Only:**
Erica Hawco, CTRS, The Birches Nursing Home 7702 Nova Scotia Trunk 7, Musquodoboit Harbour, NS B0J 2L0 **Email:** ehawco@thebirchesns.ca **Phone:** 902-889-3474 Ext. 4124 ***or*** drop of to the reception desk of The Birches Nursing Home	**Interviewed by:** _____ **Date:** _____ **Criminal record and Vulnerable Sector Check received on:** _____

Reviewed: October 2025