

Please return the completed paperwork to Marillac Place

Fax: 519-571-0476

Email: volunteer@marillacplace.ca

Mail: 109 Young Street Kitchener, Ontario N2H 4Z2

Volunteer Application, Interview Questions & References.

Name: _____ Phone: _____

Address: _____
No. & Street City Postal Code

Email Address: _____

Age Range: (Circle one): 16 – 20 20 – 30 30 – 40 40+

Name of person to notify in case of an emergency: _____

Phone: _____ Relationship to you: _____

Health Card #: _____

Are you presently employed or enrolled in school? _____

If so, please state where: _____

Volunteer Position(s) Interested In:

Tuesday Evening Child Care Provider

Afternoon Childcare Provider

Respite Provider Maintenance

Fundraising/ Special Event

Tutoring Bingo

Conference

Other: _____

1. What does "volunteering" mean for you?

2. How did you hear about Marillac Place? _____

3. Why are you interested in becoming a volunteer at Marillac Place?

4. Have you ever volunteered in the past? If yes, where and for how long?

5. What would you say are three of your strengths?

6. What are three areas you would like to improve?

7. What does "confidentiality" mean to you? Why is it important?

8. What are your expectations of our organization and employees?

9. Can you briefly review your experiences as they relate to volunteering at Marillac Place?

10. What does "working independently" mean to you?

11. What does "supervision" mean to you?

12. Do you prefer working independently or with a group of people?

13. What type of volunteer work would you like to do?

14. Do you anticipate any difficulty in scheduling your volunteer time? What time commitment are you looking for?

15. Do you have access to transportation? YES NO

16. Do you have current first aid/ CPR certification? YES NO

17. Imagine that you have a major personality conflict with another volunteer, a resident, or the staff person on shift. How would you handle the situation?

18. What do you imagine would be some of the challenges faced by the families that we work with?

19. Are there certain groups of people or individuals that you feel you are unable to work with?

20. Can you describe a situation where you have been called upon to show good judgment?

21. Briefly describe a situation where you have had significant responsibility and explain how you managed the responsibility

DIRECT RESIDENT CONTACT.

1. Case Scenario 1: (two adults in conflict)

- Two residents are arguing when 1 child hit another child. One parent believes the parent of the child who hit should do more to discipline her child. They are arguing loudly and disrupting the other families. What do you do?

2. Case Scenario 2: (crisis scenario)

- A resident approaches you who is crying. She begins to tell you very confidential and concerning information and requests transportation to a family. How do you handle this situation?

3. Case Scenario 3: (possible child abuse)

- Imagine that you notice that a resident's child appears to have bruises and marks on his/her body that do not appear to have been from regular child play. What would you do in this situation?

CHILDCARE VOLUNTEERS ONLY.

4. Case Scenario 4: (two children in conflict)

- You are one of two volunteers providing childcare for a group of 7 children between 2 weeks and 3 years. Two children, ages 1 year and 2 years begin to fight over the same toy. How would you handle the situation?

5. Case Scenario 5: (conflict with a resident)

- Imagine you are watching a resident’s child and the resident becomes very verbally upset with you saying you were doing something wrong with their child. How would you respond to this situation?

6. Case Scenario 6: (upset child)

- Imagine you are watching a resident’s child and the child is constantly crying and you cannot get the child to stop. What would you do?

22. Do you have any work or personal experience working with children? YES NO
Please describe:

23. What two skills would you say are the most important when working with young children?

24. How do you feel that children should be disciplined?

Marillac Place Reference Check Consent Form

I _____ hereby authorize Marillac Place to contact the persons or organizations listed below for the purposes of obtaining a reference in connection with my application for the volunteer position of _____ with Marillac Place and release them from any liability and regard to the same.

Name	Contact #	Relationship

Name (please print)

Signature

Date