

Join the Team

Be an integral part of Pioneer Ridge team! As a volunteer, your contribution to residents within the Long Term Care Home is valued!

All potential volunteers meet with the Recreation and Volunteer Services Supervisor prior to placement. Every attempt is made to find an area of service suited to the volunteer's time, talents and interests. Orientation and on-going training is provided.

Volunteer Opportunities

Listed below are some of the volunteer positions available at Pioneer Ridge. Spend one or two hours per week or month – no amount of time is too little.

- Recreation Assistants: Special events, crafts, entertainment, games, outside walks, plant care, manicures and more!
- Friendly Visiting
- Pastoral Care
- Pet Pals
- Helping Hands Auxiliary
- Volunteens
- Mealtime Companions
- Gardening
- High school/University hours



For More Information Contact:

Pioneer Ridge
Judy Walters ~
Temp. Supervisor Recreation
& Volunteer Services:
684-3932
632-7812
Judy.walters@thunderbay.ca

**GET
INVOLVED!**

Volunteer

AT

**PIONEER RIDGE
LONG TERM CARE &
SENIOR SERVICES**

“Make a Difference

Volunteer!”

Better Impact software

Please apply directly online to Pioneer ridge long term care & senior services

<https://app.betterimpact.com/Application?OrganizationGuid=b0852bf9-434c-445e-8f3b-464a770d38c3&ApplicationFormNumber=1>

or complete below:

REGISTRATION FOR VOLUNTEER OPPORTUNITIES

SURNAME: _____ GIVEN NAME: _____
ADDRESS: _____ POSTAL CODE: _____
TELEPHONE: Home: _____ CELL: _____
EMAIL: _____

All volunteers over 18 yrs of age require a current vulnerable sector police records check.

Copy of Vulnerable Sector Police Records Check (completed in last 6 months) Yes/No _____

Fully vaccinated including third booster Yes/No _____

Current TB (Tuberculosis) Skin test Yes/No _____

Will you need an accommodation? Yes/No _____

Special interests, hobbies, talents: _____

Languages Spoken/Written: _____

Reason for Volunteering: _____

Previous experience with seniors: _____

Volunteer position interested in:

How did you hear about our program? _____

Time available for volunteer work (please circle)

Day(s) M T W T F S S Time of Day: AM PM Evening

CONSENT AND AUTHORIZATION FOR REFERENCE CHECK

I authorize Pioneer Ridge to contact the person listed below for the purpose of obtaining reference information.

Name of Reference: _____ Phone: _____

Name of Reference: _____ Phone: _____

Signature of Applicant: _____ Date: _____

Please return completed form to Recreation and Volunteer Services Supervisor

Pioneer Ridge 750 Tungsten Street, Thunder Bay, On P7B 6R1

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. (as amended) and will be used to determine eligibility for volunteer positions. Questions about this collection of personal information should be directed to Therapeutic Recreation and Volunteer Services.