



Intergenerational Outreach Visitor Application

Thank you for your interest in the IG Outreach Program. Please fill out this form and email it to amber.dukart@link-ages.ca with a copy of your resume.

Personal Information	
Last Name:	First Name:
Preferred Name:	Preferred Pronouns:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Email:	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
Birth Date:	Gender:
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please list your major/program of study:	
Languages spoken:	
Emergency Contact Name:	
Phone:	Relationship:
What modes of transportation are available to You? Check all that apply. <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Calgary Access <input type="checkbox"/> Walking <input type="checkbox"/> Other (please specify):	
What areas of the city would you be willing to travel to? <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> Downtown <input type="checkbox"/> SW <input type="checkbox"/> SE	
Are you comfortable working in a home with pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Would you be comfortable going into a smoker's home?*

Yes No

* You are not expected to be exposed to smoke in your role but home may smell of smoke

Availability

Mondays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Tuesdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Wednesdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Thursdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Fridays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Saturdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Sundays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)

Are you able to commit to visiting an older adult for at least two hours/week?

Yes No

What are your interests, hobbies, and leisure activities?

What personal strengths do you possess when facing new and challenging experiences?

How did you find out about the program?



Briefly tell us why you are interested in being a part of the program	
What do you hope to gain from this experience?	
Have you had any previous paid or volunteer experiences working with older adults?	
References	
Please list two non-family references that you have known for more than one year. Employers, teachers, coaches, ministers, etc. may be used.	
Reference 1 Information	
Name:	Relationship:
Phone:	Email:
Reference 2 Information	
Name:	Relationship:
Phone:	Email:
Do you consent to a Criminal Record and Vulnerable Sector check?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please attach a copy of your resume to this form.