

# Terrace and District Community Services Society

## Application for Appointment as a Volunteer

This form is to be filled out by an adult volunteer prior to providing any volunteer service. This application will be forwarded to the Human Resources department at TDCSS and a copy will be kept by appropriate personnel (i.e. Program Manager, personnel file etc) for response in the event of a medical emergency. It is the responsibility of the adult volunteer to notify/update appropriate personnel of any changes in their medical status or other information contained in this form that may occur throughout their Time volunteering for TDCSS. Please note that TDCSS is committed to respecting the privacy of our clients, their families, and our employees, by adhering to the privacy principles set forth in Schedule 1 of The Personal Information Protection and Electronic Documents Act.

**PROGRAM AREA AND RESPONSIBILITY:** \_\_\_\_\_

- CASS
- YFS
- CLS
- EMPLOYMENT SERVICES
- DAYCARE
- OTHER (listed above)

- FOOD PREP
- FUND RAISING
- COMMUNITY OUTREACH
- SPECIAL EVENTS)
- CLEANING/REPAIRS

**OTHER ROLES:**

- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**VOLUNTEER INFORMATION:**

New Volunteer

Returning Volunteer

Salutation: Miss  Ms  Mr

First Name\*: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Date of Birth (mm/dd/yyyy)\*: \_\_\_\_\_

Gender\*:  Male  Female

Evening Phone\*: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_

Prov/Terr\*: \_\_\_\_\_

Postal Code\*: \_\_\_\_\_

Preferred Language:  English  French

Are there any family circumstances, cultural or faith requirements of which the TDCSS should be aware? Yes  No

If yes, please provide details. \_\_\_\_\_

Are you currently involved in a program at TDCSS? Yes  No

**EMERGENCY CONTACT INFORMATION:** *Volunteers require at least one emergency contact.*

Emergency Contact 1:

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Daytime Phone\*: \_\_\_\_\_

Evening Phone\*: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship\*: \_\_\_\_\_

P/G Email\*: \_\_\_\_\_

Emergency Contact 2:

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Daytime Phone\*: \_\_\_\_\_

Evening Phone\*: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship\*: \_\_\_\_\_

P/G Email\*: \_\_\_\_\_

Emergency Contact 3:

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Daytime Phone\*: \_\_\_\_\_

Evening Phone\*: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship\*: \_\_\_\_\_

P/G Email\*: \_\_\_\_\_

**INFORMATION FOR MEDICAL EMERGENCIES:**

Provincial Health Care Number (Voluntary in some provinces and territories): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Coverage Held  Yes  No

Does the applicant have any allergies?  Yes  No If yes, provide details below indicating severity (mild, severe, life threatening):

Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has below.

Does the applicant require special care or considerations?  Yes  No If yes, please provide details below:

Swimming Abilities:  Non Swimmer  Swimmer Date of last tetanus shot (Month and Year): \_\_\_\_\_

**PHOTO RELEASE, FUNDRAISING, DIRECTORY AND COMMUNICATIONS CONSENT:**

These items relate to the TDCSS Privacy Policy, and what can be done with the information you provide. Throughout the year, from time to time, TDCSS employees take photos and video of participants participating in various activities. These photos are typically kept in a secure location in accordance with TDCSS policy. The photos are at time used for TDCSS internal newsletters as well as external communications including local newspapers, publications and promotional materials.

- Tick this box if you **DO NOT** consent to the use of images of yourself as indicated above.
- Tick this box if you wish to be informed about fundraising initiatives where your photo may be used.

**PERSONAL REFERENCES** (only for new applicants):

Please provide three references including: an employer (if available) and those who can attest to your character (maximum of only one family member). If an employer or past/present volunteer organization is not possible, please include more character references. We will contact references until three have been completed. Please ensure all information provided is correct and legible.

Reference 1 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ Years Known \_\_\_\_\_

Reference 2 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ Years Known \_\_\_\_\_

Reference 3 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ Years Known \_\_\_\_\_

Reference 4 Name\*: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
Email\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_ Years Known \_\_\_\_\_

**APPLICANT’S EXPERIENCE, SKILLS, AND GOALS:**

**Experience & Skills**

Do you have any courses or certificates that you feel may be helpful while volunteering for TDCSS? Yes No

If Yes, what are they? \_\_\_\_\_

Please tell us about the talents & abilities you would bring to volunteering for TDCSS: \_\_\_\_\_

Languages (other than English) spoken: \_\_\_\_\_ written: \_\_\_\_\_

Computer Knowledge: \_\_\_\_\_

Community Organization Experience: \_\_\_\_\_

Other areas of interest: \_\_\_\_\_

**Goals**

What do you personally hope to achieve by Volunteering at TDCSS?: \_\_\_\_\_

**AVAILABILITY:**

Day	Mon	Tue	Wed	Thu	Fri
Morning <input type="checkbox"/>					
Afternoon <input type="checkbox"/>					

How many hours per week \_\_\_\_\_ or month \_\_\_\_\_ would you like to volunteer?

Are you interested in occasional “on call” work (events, relief shifts, etc)? Yes No

**APPLICANT'S AGREEMENT IN ORDER TO VOLUNTEER:**

As a TDCSS Volunteer, I \_\_\_\_\_ agree to uphold absolute confidentiality of any information concerning an individual or The affairs of the program except when authorized with a signed authority to do so within the limits of the TDCSS Confidentiality Policy.

I also agree to adhere to the Volunteer Code of Ethics outlined in the following:

- To maintain confidentiality with respect to personal information relating to clients, volunteers, members and staff.
- To acknowledge the need for on-going training on information relevant to my volunteer assignment.
- To know and express personal limits
- To follow TDCSS volunteer guidelines and when unsure about policies will seek advice/counsel.
- To be sincere within my capacity as a volunteer and to believe in the value of a job well done.
- To treat individuals with respect, courtesy and dignity.
- I will respect the guidance and decisions of the Program Directors/Supervisors.
- To understand the function of staff, volunteers and clients; maintain a smooth working relationship with them, and stay within the boundaries
- Of my volunteer responsibilities.
- To consult with supervisors when unclear on policy or actions.
- To give constructive feedback to improve the effectiveness of the organization and its programs.
- To understand that consumption of alcohol prior to or during volunteer service and within the premises of TDCSS programs or sites is
- Absolutely forbidden without the authorization by the organization (i.e. for special events). The consumption of illegal drugs is strictly forbidden.
- To inform the Volunteer Department of any changes in address, telephone number, or other related volunteer information.
- To provide the organization with as much notice as possible of intentions of leaving the organization or inability to complete an assignment.
- To respect the diversity and uniqueness of the individuals within our programs, services, and organization.
- If circumstances indicate a serious threat to human health exists, I will immediately seek council with my immediate Supervisor or Manager.
- Volunteers should not bear the burden of such information alone.
- Volunteerism is anchored in service. Services and personal interaction are two separate types of interaction. At all times appropriate
- Boundaries between the two need to be maintained. These lines should not be blurred, and in such cases, I will recognize a crossing of these
- Lines as a conflict of interest. I will seek counsel with the appropriate Supervisor or the Manager of Volunteers in these circumstances.

**X**

Signature of Applicant

\_\_\_\_\_ Date (mm/dd/yyyy)

**TDCSS Office Use Only**

Appointment Approval of Volunteer: \_\_\_\_\_

Director of HR and Operations Signature

Name (Please Print)

Date (mm/dd/yyyy)

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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