

Year:

# Volunteer/Practicum Student Application Form

## For Office Use Only

Interview Complete     Background Check Complete     Accepted     Not Accepted

Program:

Start Date:

## APPLICANT'S INFORMATION

Last Name	First Name	Preferred Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address	City	Postal Code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Date of Birth (yyyy-mm-dd)	Age	Education Level i.e., grade	School
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Phone Number	Mobile Phone	Preferable Social Media Contact	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Email Address	Length in Canada	Country of Origin	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Main Language (s) Spoken	Other Language (s), please list	How did you find out about this program?	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

## EMERGENCY CONTACT

Last Name	First Name	Relationship with You
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Emergency Contact Number	Main Language(s) Spoken	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

## Medical Conditions

**Any medical conditions that the staff and volunteers of the program should be aware off?**

Yes  NO (If yes, please describe the condition in detail in the space below)

**Any food allergies or specific dietary needs?**  Yes  NO

Please describe *i.e., vegan, vegetarian, does not eat pork, lactose intolerant, peanut allergy, etc.*

**Statement of Purpose**

**What makes you interested in becoming a Volunteer?**

**Which types of Volunteer participation are you interested in?**

**Generations Connect Program**

**Basic Technology Class for Senior - Tutor-Mentor**  
 (every Wednesday 3:30 p.m. – 5 p.m.)  
**Wednesday**    **Yes**                       **Maybe**

**Generations Homework Club - Tutor-Mentor**  
 (for grade 4 – 7 elementary children)  
 (Sept to Jun, either Mon and/or Thu 3:30 p.m. – 5 p.m.)  
**Monday**         **Yes**                       **Maybe**

**Thursday**         **Yes**                       **Maybe**

**Super Senior Support Group**  
 (Once a week, date & time are subject to change)  
 **Yes**                       **Maybe**

**Virtual Tutoring Support Group**  
 **Yes**                       **Maybe**

**Workshop Facilitator**

(i.e., Language, Life Skills, Well-being)  
 **Yes**                       **Maybe**

**Special Event**

**Yes**                       **Maybe**

**Community Project**

**Yes**                       **Maybe**

**Entertainer / Performer**

**Yes**                       **Maybe**

**Talent:** \_\_\_\_\_

**Marketing & Fundraising Support**

**Yes**                       **Maybe**

**Office Administration & Program Support**

**Yes**                       **Maybe**

**Availability (Please check all that apply)**

\*\* Please mark off the days and the shift time that you can do volunteer and please be specific with the time, i.e., Monday Morning 0900 – 1200

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

**Office** will be closed on Monday for public, and regular office hours are Tue to Fri from 0930 – 1630.

**\*\* PLEASE attach a copy of your resume for reference.**

**Self Disclosure of Criminal Background**

**Please check the appropriate boxes and sign below:**

Have you been convicted of a crime, which includes felony, gross misdemeanor, or misdemeanor, with the sole exceptions of speeding and parking violations? All alcohol- and/or drug-related violations must be reported. "Conviction," as used in this provision, includes a criminal proceeding where a finding or verdict of guilt is made or returned, but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty.

Yes  No

Have you ever been investigated for child or dependent abuse or neglect?

Yes  No

**Required Additional Information:** If your answer is **YES** to either or both items 1 and 2, you are required to fully explain the situation (include date of incident(s), nature of crime, city and state of occurrence, and sentence or rehabilitation requirement) on a separate sheet of paper and attach it to this form. Your admission will not be considered if you do not provide the additional sheet containing an explanation.

**Waiver of Liability and Photo Consent**

I understand and acknowledge that each participant must assume the risk and any related financial responsibility that could result from participation in any of the activities provided by the Connections Community Services Society (CCSS). I agree to assume such risks and responsibilities.

I understand that CCSS is not responsible for providing or administering medication to any participants. I agree to make arrangements for my child or myself to have all necessary medications that they need and the means to take them when required. In case of sickness or accident, CCSS has my approval to secure such medical attention as deemed necessary, if I am unable to be contacted. I further understand that neither CCSS nor any of its paid or volunteer workers can be held responsible in the event of accident or accidental death.

For the purposes of developing promotional materials, website images or reports to funder, Connections Community Services Society may take pictures of volunteers and program participants. Connections Community Services Society respects the rights and privacy of volunteers and participants and will delete any photos of the volunteer or participant upon request. By signing this section, I give the permission for Connections Community Services Society to take pictures of myself for promotional materials, website images, or reports developed by the agency.

\_\_\_\_\_ \_\_\_\_\_

**Signature** **Date**

**OR Parent/Guardian Signature (if under the age of 18)**

**Parental/Guardian Consent section (Necessary if the applicant is under the age of 18)**

I, \_\_\_\_\_, hereby authorize, \_\_\_\_\_, to participate in program activities of Connections Community Services Society (CCSS). By signing this form, I am stating that I am their legal guardian/parent and I understand that participation in CCSS activities might involve travelling with CCSS staff and come in close contact with public. I authorize to consent to their participation, and I have provided accurate information and disclosed all relevant medical details, and any other information that may impact participation and supervision that is required of my child.

By signing this form, I agree I have full read the forms, requirements and **HEREBY RELEASE AND FOREVER DISCHARGE** both Connections Community Services Society, its employees, directors or agents, of and from all manner of actions, causes of actions, claims and demands of whatsoever nature which my child/ward may have in respect of any injury, loss or expense he/she may sustain arising out of or in any way connect with his/her participation in this program.

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Name of the Parent/Guardian** **Signature** **Date**

### Criminal Record Check

Connections Community Services Society was officially recognized by the Council on Accreditation in May of 2004. As a result, there is a high expectation and commitment to provide you with a quality volunteer experience. A Personnel File is maintained on each organization volunteer as there are several forms that must be completed, filed, and referred to as required. All necessary forms are provided by the organization. They must be completed and returned by the volunteer before he/she can start their duties within the organization.

In addition, the organization requires all volunteers to undergo a Criminal Richmond Check through the local police or RCMP. While a criminal record check does not have a monetary cost, it may take up to two weeks for our organization to receive the confirmation. The Criminal Record Check is a prerequisite condition for volunteering with CCSS Society. The applicant will be denied the opportunity to volunteer if: A) he/she does not have a criminal record check completed or, B) The results of the criminal record check is unsatisfactory.

- Youth under the age of 12 are exempt from providing a criminal record check.
- Upon reaching the age of 12, the individual must immediately apply for a criminal record check.
- The current CRC used to apply for volunteering should not be older than three months.
- Volunteers returning to CCSS Society within three months (with an approved CRC on file with the management) will not need to obtain a new CRC file.
- Volunteers are required to inform the Volunteer Management immediately, or as soon as possible, of any charges and/or changes with their CRC.
- The Criminal Record Check and Vulnerable Sectors Screening will be reviewed and filed electronically by the Volunteer Department of CCS Society.

You can obtain your Criminal Record Check quicker by using the following link:

<https://justice.gov.bc.ca/eCRC/home.htm>

Access Code: GGHXC936KY

However, the above link might not be able to proceed the application if it requires more personal information from the applicant. You need to complete a paper form (next two pages) if that is the case.

**THIS FORM MUST BE SIGNED BY THE VOLUNTEER ORGANIZATION AUTHORIZED CONTACT AND  
SUBMITTED WITH THE VOLUNTEER CONSENT FORM**

## **SECTION 1: FOR AUTHORIZED CONTACT USE**

### **CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER ORGANIZATION CHECKLIST**

- The volunteer has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.**
- My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- My organization will verify the volunteer's I.D. in person and ensure that the information provided on the consent form(s) is accurate.
- My organization has reviewed the "works with" category and has completed that portion of the form.

### **AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS**

- I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the volunteer's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Daniel Suen*

## **SECTION 2: FOR VOLUNTEER USE**

### **CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER CHECKLIST**

- I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
- My volunteer organization has verified my I.D. in person to confirm my identity and ensure that the information on my consent form is accurate.
- My organization will retain the original consent form and will forward a copy to the CRRP on my behalf.
- I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.

### **CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS**

#### **PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:**

- I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions of any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant of specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form





VOLUNTEER CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process.

Your organization must complete the 'WORKS WITH' category portion of the form.

WORKS WITH (choose one): [ ] children [ ] vulnerable adults [ ] children and vulnerable adults

PART 1: APPLICANT INFORMATION
Legal Surname / Last name:
Legal Given / First Name:
Legal Middle Name:
Date of Birth:
Sex: [ ] M [ ] F
Birthplace:
Additional Names (Alias, Maiden Name, etc.):
Surname / Last Name:
Given / First Name:
Middle Name:
Mailing Address:
City:
Province:
Country:
Postal Code:
Residential Address (If different from above):
City:
Province:
Country:
Postal Code:
Contact Area Code & Phone No.
Driver's Licence or BCID #:

PART 2: VOLUNTEER ORGANIZATION INFORMATION
To be completed by Authorized Contact:
Volunteer Organization Name:
Authorized Contact Name and Title
ID Number (Provided to the organization from the CRRP):
Mailing Address:
City:
Province:
Country:
Postal Code:
Office Area Code & Phone No:

PART 3: POSITION WITH VOLUNTEER ORGANIZATION
Volunteer's position/Job Title with volunteer organization:

PART 4: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS
I have read and understand the Consent for Release of Information and Acknowledgements on Page 1. I hereby consent to these terms as indicated by my signature below:
Applicant Signature
Date Signed YYYY / MM / DD
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA).

