

Volunteer Application Form

For Office Use Only

Interview Complete
 Background Check Complete
 Accepted
 Not Accepted

Position: _____ Start Date: _____

APPLICANT'S INFORMATION

| Last Name | First Name | Other Name | |
|----------------------------|---------------------------------|--|--------|
| | | | |
| Address | City | Postal Code | |
| | | | |
| Date of Birth (yyyy-mm-dd) | Age | Education Level | School |
| | | | |
| Home Phone Number | Mobile Phone | Social Media ID # (i.e. WeChat) | |
| | | | |
| Email Address | Length in Canada | Country of Origin | |
| | | | |
| Main Language (s) Spoken | Other Language (s), please list | How did you find out about this program? | |
| | | | |

EMERGENCY CONTACT

| Last Name | First Name | Relationship with You |
|--------------------------|-------------------------|-----------------------|
| | | |
| Emergency Contact Number | Main Language(s) Spoken | |
| | | |

Medical Conditions

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

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

Any food allergies or specific dietary needs? NO Yes

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?

Front Desk Reception & Program Support

Yes Maybe

Generations Connect Program

Basic Technology Class for Senior - Tutor-Mentor
(Oct to Jun, every Wednesday 3:30 p.m. – 5 p.m.)

Wednesday Yes Maybe

Generations Homework Club - Tutor-Mentor
(working with grade 4 – 7 elementary children)

(Sept to Jun, either Mon and/or Thur 3:30 p.m. – 5 p.m.)

Monday Yes Maybe

Thursday Yes Maybe

Graphic Design / Website Support

Yes Maybe

Special Event Volunteer

Yes Maybe

**Workshop & Support Group Facilitator
(i.e. ELL Teacher, Super Senior Support Group)**

Yes Maybe

Planning & Leading Community Project

Yes Maybe

Summer Camp Volunteer

(Must commit to at least four full week)

Yes Maybe

Spring and / or Winter Camp Volunteer

Yes Maybe

Others (please list):

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 |
|-----------|--------|---------|-----------|----------|--------|
| 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 (CCS). I agree to assume such risks and responsibilities.

I understand that CCS 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, CCS has my approval to secure such medical attention as deemed necessary, if I am unable to be contacted. I further understand that neither CCS 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 may take pictures of volunteers and program participants. Connections Community Services 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 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 (CCS). By signing this form I am stating that I am their legal guardian/parent and I understand that participation in CCS activities might involve travelling with CCS 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, 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



CONSENT TO A CRIMINAL RECORD CHECK FOR VOLUNTEERS

(WORKING WITH CHILDREN AND/OR VULNERABLE ADULTS)

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed.

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

Please verify with your volunteer organization which "works with" category applies to you.

PART 1: APPLICANT INFORMATION

| | | | | | |
|--|--|---|---------------------|--------------------|--------------|
| Legal Surname / Last name: | | Legal Given / First Name: | | Legal Middle Name: | |
| Date of Birth: _____ YYYY MM DD | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | Birthplace: _____ | |
| Additional Names (Alias, Maiden Name, etc.): | | | | | |
| Surname / Last Name: | | Given / First Name: | | Middle Name: | |
| | | | | | |
| | | | | | |
| Residential Address: | | City: | Province: | Country: | Postal Code: |
| Mailing Address (If Different from above): | | City: | Province: | Country: | Postal Code: |
| Contact Area Code & Phone No. | | | Driver's Licence #: | | |

PART 2: VOLUNTEER ORGANIZATION INFORMATION

To be completed by an authorized organization representative

SECTION A Complete this section if you have been provided an ID number by the Criminal Records Review Program (CRRP).

Volunteer Organization Name: _____

Organization Contact Person Name and Title (the person to receive the result of the criminal record check):

ID Number (Provided by the CRRP): _____

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Volunteer Organization Name: _____

Organization Contact Name or Title (The person receiving the result of the check):

Mailing Address: _____ City: _____ Province: _____ Country: _____ Postal Code: _____

Office Area Code & Phone No: _____ Organization E-Mail Address: _____

SECTION C

Volunteer's position/Job Title with volunteer organization: _____

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

I have read and understand the consent for release of information and acknowledgments on Page 2.

I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Date Signed YYYY / MM / DD

CONSENT TO A CRIMINAL RECORD CHECK -- VOLUNTEERS

CHECKLIST FOR APPLICANT

To get started: My organization has either directed me to complete the paper consent to a criminal record check form and fax or mail to the Criminal Records Review Program or my organization is registered with the CRRP and enrolled for the online service and has provided me with their unique link to go online and complete the consent to criminal record check electronically.

- I have completed the form truthfully, clearly and legibly and signed and dated.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA)
- My volunteer organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- My volunteer organization will retain the original form and will forward a copy to the Criminal Records Review Program.

CHECKLIST FOR ORGANIZATION

- The volunteer / applicant will provide you with the original, completed and signed consent form.
- Retain the original form(s).
- Forward a copy of the form to the Criminal Records Review Program by mail, fax or email:
MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
FAX: 250-953-0408
EMAIL: criminalrecords@gov.bc.ca
- Verify the ID of each volunteer / applicant in person to confirm their identity and to ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records 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 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 been granted a pardon for any sexual offences of the Criminal Records Act.
- I understand a criminal record check under the criminal records review act is required at least once every five years. Go to the RCMP website for additional details on vulnerable sector checks:
<http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations deemed relevant by the Registrar.
- Where the results of this 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.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- 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 Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): 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). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.