



Volunteer Application Form

15 Baldwin Drive, Cambridge, Ontario N3C 0G1

Phone: (519) 249-1200

Email: volunteering@silverheightsneighbourhood.com

Website www.silverheightsneighbourhood.com

Personal Information

Last Name		Given Name(s)		Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/>	
Address			City	Province	Postal Code
Day #: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> business		Eve #: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> business		Email	
Please indicate your age category: <input type="checkbox"/> Under 14 <input type="checkbox"/> 14-17 years <input type="checkbox"/> 18-49 years <input type="checkbox"/> 50-65 years <input type="checkbox"/> Over 65					
Please feel free to complete the following:			Date of Birth		
			Month	Day	Year

Experience

Please list any work or volunteer experience that may be relevant.

Skills/ Hobbies/ Interests/

Certifications

- | | | | |
|--|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> First Aid and CPR | <input type="checkbox"/> Safe Guard | <input type="checkbox"/> Safe Food Handling | <input type="checkbox"/> High Five |
| <input type="checkbox"/> Life Guard | <input type="checkbox"/> LEAD | <input type="checkbox"/> Babysitting Course | <input type="checkbox"/> Other _____ |

Interests

How did you learn about this volunteer opportunity?

- | | |
|---|--|
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Program Participant |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Our website |
| <input type="checkbox"/> School | <input type="checkbox"/> Community Event |
| <input type="checkbox"/> Facebook Page | <input type="checkbox"/> Other _____ |

Volunteer opportunities of interest:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Halloween Event | <input type="checkbox"/> Dodgeball | <input type="checkbox"/> Committees |
| <input type="checkbox"/> Social Media Help | <input type="checkbox"/> Christmas Event | <input type="checkbox"/> LEAD | <input type="checkbox"/> Fundraising Committee |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Youth Drop In | <input type="checkbox"/> L.I.T Program | <input type="checkbox"/> Summer Camp Committee |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Adult Volleyball | <input type="checkbox"/> Girls Night | <input type="checkbox"/> Program Committee |
| <input type="checkbox"/> Easter Event | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Women's Group | <input type="checkbox"/> Other _____ |

Availability

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Please indicate with a check () when you are available.

Volunteer Screening

Have you ever been convicted of a criminal offence for which a pardon has been granted? Yes No

Will you agree to a Police Record Check and a Family and Children’s Services Check if it is required for a volunteer placement? Yes No

Volunteer References

Please list three references. References must be over the age of 18 years, they must have known you for a minimum of 1 year, and they must be a non-family member.

Name: _____ Relationship: _____

Contact Number: _____ Best time to call: _____

Name: _____ Relationship: _____

Contact Number: _____ Best time to call: _____

Name: _____ Relationship: _____

Contact Number: _____ Best time to call: _____

Emergency Contact

In case of an emergency while you are volunteering, who should be contacted?

Name: _____ Relationship: _____

Address: _____ Contact Number: _____

Medical Information

Do you have any allergies, physical limitations, special needs, medical or health conditions that SNA staff should be aware of?

Photographic Release Waiver (optional)

I hereby give permission to SNA for use of my picture in any promotional material including advertising, brochures, publications, video productions or any social media uses. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium. I understand these materials may be used by SNA.

Volunteer Signature: _____ **Date:** _____



Volunteer Agreement/Release & Waiver Form

I, _____ (full name), in applying to perform duties for Silverheights Neighbourhood Association as a volunteer **fully understand and agree to the following:**

1. That I will not be participating in volunteer activities in the capacity of an SNA employee or independent contractor.
2. That I will not receive any remuneration, salary, wage, or payment or any employee benefit whatsoever, or be covered by the Workplace Safety and Insurance Act, 1997, S.O. 1997 Chapter 16, Sch. A.
3. That I will only use SNA facilities and equipment when authorized
4. That I will immediately notify the appropriate SNA supervisor of any incident that involves personal injury or property damage during my volunteer duties.
5. That either SNA or I myself may terminate my volunteer activities at any time.
6. I acknowledge that volunteer activity may involve personal risk of damage or injury. Notwithstanding this acknowledgment, I hereby release SNA, Board of Directors, employees, and agents from all claims for damage or injury to myself resulting from my participation as a volunteer, unless such damage or injury is caused solely by the gross negligence of SNA.
7. I understand that a volunteer position is conditional upon a 30 day probationary period, during which all statements made on this application may be verified.
8. It is my responsibility to read and understand the permanent volunteer related policies, procedures, and guidelines of SNA. I also agree to follow these polices, procedures and guidelines as passed by the Board of Directors
9. I understand and agree that privileged information received about program participants, volunteers, and/or staff of SNA is confidential. It may only be revealed to my direct supervisor within the SNA. **Failure to maintain confidentiality may be cause for my immediate dismissal or will be means for other corrective action.**
10. Traveling on offsite trips and activities may be required during my volunteer position. Volunteers will be accompanied by staff and/or senior volunteers. Prior notice/schedules of activities will be provided.

By signing this form I acknowledge having read, understood and agreed to the above conditions, release and waivers, for any volunteer role that I am assigned and agree to perform for SNA.

Volunteer Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

If the volunteer is under 18 years of age, a parent or legal guardian must also sign the following:

I hereby certify that I am the parent/legal guardian of _____, a minor pursuant to the Age of Majority and Accountability Act, R.S.O. 1990,c A.7, and that s/he has my permission to serve as a volunteer with SNA. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Parent/ Legal Guardian Signature _____ **Date** _____

Note: This form must be completed and signed by the volunteer, before being accepted by SNA for volunteer activities. For questions or concerns regarding this form, please contact SNA Volunteer Coordinator at 519 249-1200 or direct email to: volunteering@silverheightsneighbourhood.com

For Office Use Only

Database Entry Data:			Volunteer Record Number:	
Position Title	Risk Level	Application Date	Placement Date	Supervisor's Name

For Office Use	Application Screening Process & File Completion Checklist ✓
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Low Risk Position	Date	Documented By
<input type="checkbox"/> Application Form- completed, including signed waivers		
<input type="checkbox"/> Volunteer Position Description- provided and/or reviewed		

Medium Risk Position	Date	Documented By
<input type="checkbox"/> Application Form- completed, including signed waivers		
<input type="checkbox"/> Volunteer Position Description- provided and/or reviewed		
<input type="checkbox"/> Satisfactory Interview- attach interview notes		
<input type="checkbox"/> Satisfactory Reference Check 1- attach completed form		
<input type="checkbox"/> Satisfactory Reference Check 2- attach completed form		

High Risk Position	Date	Documented By
<input type="checkbox"/> Application Form- completed, including signed waivers		
<input type="checkbox"/> Volunteer Position Description- provided and/or reviewed		
<input type="checkbox"/> Satisfactory Interview- attach interview notes		
<input type="checkbox"/> Satisfactory Reference Check 1- attach completed form		
<input type="checkbox"/> Satisfactory Reference Check 2- attach completed form		
<input type="checkbox"/> Satisfactory Reference Check 3- attach completed form		
<input type="checkbox"/> Satisfactory Police Records Check- attach completed form		
<input type="checkbox"/> Satisfactory Family & Children's Services Check		

Required for all Positions	Date	Documented By
<input type="checkbox"/> HRS Log Sheet in binder		
<input type="checkbox"/> Entered into Charity Republic Database		
<input type="checkbox"/> Orientation completed		
<input type="checkbox"/> Job description given to applicant		
<input type="checkbox"/> Probationary review		
<input type="checkbox"/> Other (specify):		