



Volunteer Application Form

Application Date: _____ (MM/DD/YY)

CONTACT INFORMATION

Mr. Mrs. Miss Ms. Student Adult

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (H): _____ Telephone (C): _____

Email Address: _____

Note: Applicants under the age of 18 must have their parent/guardian complete the attached Parental Consent Form.

All applicants being considered for a volunteer opportunity must complete a Vulnerable Sector Police Check.

BACKGROUND INFORMATION

1. Please describe any previous volunteer experiences:

2. Please list any education, experience or training you have that may be related to the position you are applying for: (Please provide examples)

3. Is there anything that you foresee that may prevent you from fulfilling your commitment as a volunteer? (I.e. an upcoming trip)

AVAILABILITY TO VOLUNTEER

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please select volunteer areas that interest you:

UHS Campus & Independent Living

- Adult Day Program
- UCCS Recreational Programs
- UCCS Special Events
- Administration
- Committees
- Other (specify): _____

Union Villa Long Term Care

- Recreational & Social Programs
- Special Events
- Administration
- Dietary
- Board of Directors/Policy/ Committee Volunteer

Please select which skills and experiences apply to you:

- Eldercare & Seniors Programming
- Nursing/Social Services
- Communications
- Photography
- Graphic Design/Website
- Computer Skills (Specify): _____
- Special Training (Specify): _____
- Musical Talents (Specify): _____
- Languages (Specify): _____
- Other (Specify): _____

REFERENCES:

Please list two references that are not related to you AND provide two reference letters with the Volunteer Application.

Reference 1:

Name: _____

Phone Number: _____

E-mail: _____

Relationship to Applicant: _____

Reference 2:

Name: _____

Phone Number: _____

E-mail: _____

Relationship to Applicant: _____

EMERGENCY CONTACT:

Mr. Mrs. Miss Ms.

First Name: _____

Last Name: _____

Relationship to Applicant: _____

Phone Number (Cell Phone): _____

Phone Number (Home): _____

Phone Number (Work): _____

AUTHORIZATION TO CONDUCT REFERENCE CHECK:

I authorize Unionville Home Society to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteering history, and to verify the references I have supplied. I understand that the information obtained will be confidential and collected solely for the purpose of this volunteer application.

Signature of Employee/Volunteer

Signature of Witness

Date

Date

DECLARATION:

I certify that the information provided above is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

Signature

Date

Thank you for your interest in volunteering at the Unionville Home Society. We will respond to you by phone or e-mail.

Please return this application to:

Customer Service

Unionville Home Society 4300 Highway 7

Unionville, Ontario L3R 1L8

Tel: (905) 477-2822

Unionville Home Society

Volunteer Agreement

This agreement is intended to convey to our volunteers how important their work is to our organization and the people we serve. We will do the very best we can to make your volunteer experience with us both productive and rewarding. To this end, all new volunteers are required to complete this Volunteer-Agency Agreement in which both parties spell out the mutual commitments being made whenever a volunteer is accepted into service with us.

Unionville Home Society

Unionville Home Society agrees to accept the services of _____(volunteer) beginning _____(date) and we commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on his or her performance.
3. To respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might better accomplish our respective tasks.
5. To accept the volunteer's wishes not to fulfill any volunteer assignment that he or she believes to be inappropriate, unsafe, or unacceptable.
6. To treat the volunteer as an equal partner with agency staff, jointly responsible for accomplishment of the agency mission.

Volunteer

I, _____, agree to serve as a volunteer for a minimum of 50 hours, and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.
3. To adhere to agency rules and procedures, including record keeping requirements and confidentiality of agency and client information.
4. To accept supervision, to abide by the limits of my volunteer position description, and to seek help from the agency in a timely manner with any problems that might arise while I am volunteering.

5. To accept that becoming a volunteer is not automatic, and that the agency has the right to release me from the volunteer duties at any time that it believes doing so is in the best interests of the agency or its clients or mission.
6. To attend whatever agency-supplied training the agency deems necessary for me to perform my duties well.
7. To act at all times as a conscientious member of the team responsible for accomplishing the mission of the agency.
8. To attend an annual policy update session for a maximum of one hour each calendar year.
9. Failure to comply with the above will result in not having the community hour form signed off by the Volunteer Coordinator.

Please Note: The Volunteer Department requests a 2-week notice to the Volunteer Coordinator before you resign volunteer services with UHS.

Release Form for Use of Photographs and Video

Date: _____

Location: _____

(Union Villa / Wyndham / UCCS)

I hereby grant to the Unionville Home Society, its successors or assigns, all right, title and interest including copyright in any photograph and/or video taken of me today and any negatives or reproductions in whole or in part of same, which may be used by any of the above in any manner at any time and I release them from any causes of action or claims of any kind which I or my heirs, executors, administrators or assigns may have as a result of such use. I also certify that I am eighteen years of age or over. If the person photographed or videotaped is under eighteen years of age, I officially state that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

If the permission granted is obtained verbally please check box:

Print Name in Full: _____

Signature: _____

Phone Number: _____

Witness' Name in Full: _____

Witness Signature: _____



Confidentiality Agreement

I _____ have been made aware of the confidential nature of information written and/or electronic, concerning Unionville Home Society (UHS) residents, personnel, Board or Committee minutes and other confidential type of UHS information. Whether or not such confidential information may be available to me in the normal performance of my duties, or occasionally and inadvertently, the confidentiality will be respected by me.

I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal or other abuse.

I also understand that confidential information which shall be disclosed to me or which may come to my knowledge may not be divulged within or outside of UHS unless required in the performance of my duties or expressly authorized by the Administration of UHS.

I understand UHS's policy prohibits the temporary removal of confidential records from the premises of UHS without specific authorization by the Administration of UHS.

Non-compliance with any of the above will result in disciplinary action. This may include termination of my services with the Unionville Home Society.

Volunteer agrees to review and re-sign the confidentiality agreement on a yearly basis

Agreed to:

Volunteer

Agency Representative

Date

Date



Parental Consent Form

Applicant's Name: _____

I have received and read the **Unionville Home Society Volunteer Agreement** outlining the expectations of my son/daughter as a volunteer at Unionville Home Society, Unionville, Ontario and hereby give my consent for him/her to volunteer. I understand that the Statement of Commitment Form will be issued (upon request) only upon his/her fulfillment of the **assigned time commitment**.

Volunteers agree to serve as a volunteer for a minimum of 50 hours or 6 months.

The Volunteer Department requests a 2-week notice to the Volunteer Coordinator before resigning their volunteer services with UHS.

I hereby give my consent for the release of information by my child's school as requested on the Reference Form submitted by Volunteer Resources to the school.

Name of Parent/Guardian

Signature of Parent/Guardian

Date