

Volunteer Application Form

Part ONE Personal Information

NAME: _____

ADDRESS: _____

TELEPHONE: _____ POSTAL CODE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

Birthdate: _____

Drivers License: Y / N Own transportation: Y / N Vehicle Insurance: Y / N

Part TWO Opportunities

Check opportunities you may be interested in:

- | | | |
|---------------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> One to One Support | <input type="checkbox"/> Board Member | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Program Assistant | <input type="checkbox"/> Administration | <input type="checkbox"/> Student Placement |

Part THREE Special Skills

Special Skills and Interests (examples: first aid, CPR, sign language, recreation):

Previous or Present Work/Volunteer Experience:

If you have a particular area in CLD where you would like to volunteer, please specify:

Part FOUR Availability

In the next year, when are you available (check as many that apply)?

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends | |
| <input type="checkbox"/> Winter | <input type="checkbox"/> Summer | <input type="checkbox"/> Spring <input type="checkbox"/> Fall |

Part FIVE Emergency Contact

In case of an emergency please contact:

Name: _____ Phone: _____
 Relationship: _____

Part SIX Work/Volunteer Related References

Company Name	Contact Name/Position	Phone number	Relationship to you

Note: References should be directly related to your past volunteer/work experience

Part SEVEN Release of Information

I, _____, authorize a staff member of Community Living Dufferin to contact the references indicated above, as well as any other relevant volunteer references included with my resume/application in order to confirm pertinent details of my previous work and / or volunteer experience(s).

The facts set forth on this application and / or in my resume are true and complete. I understand that if placed, false statements shall be considered sufficient cause for dismissal. I also understand that if I am offered student/volunteer placement, the position offered will be contingent upon satisfactorily passing reference checks, including a Criminal Records Check.

Signature of Applicant: _____ Date: _____

Please forward to:
 Volunteer Coordinator
 Community Living Dufferin
 065371 County Road 3, Orangeville, ON L9W 2Y9
 email: karenf@communitylivingdufferin.ca

VOLUNTEER MEDICAL CONFIRMATION

I, _____, do hereby declare

(Please print)

that I have had a complete physical examination within the last 12 month period by a qualified physician and;

- i. I have no communicable disease.
- ii. I am physically and mentally fit to perform without restrictions.
- iii. I have had the following immunizations;

Tetanus/ Diphtheria Yes___ No___ Date received:_____

Hepatitis B Yes___ No___ Date received:_____

Date of Physical: _____

Physician's Name: _____

Address: _____

Phone: _____

Dated on the _____ day of _____, 20 _____.

Employee Signature



INSURANCE FOR OWN VEHICLE USE

Please be advised that as a volunteer for Community Living Dufferin, you may, if you choose, be asked to transport individuals or do business on behalf of CLD in your own personal vehicle.

All volunteers who choose to use their own vehicle are to carry \$1,000,000.00 liability insurance on their vehicle insurance policy. Your insurance company must be advised of the above. Volunteers are responsible to pay any extra charge that may occur on their own vehicle insurance policy.

CLD's umbrella policy covers volunteers for claims in excess of one million dollars.

Sheryl Chandler
Executive Director

I have read the information above and agree to inform my insurance company regarding use of my vehicle for Association business and/or transporting individuals.

VOLUNTEER SIGNATURE

DRIVER'S LICENSE NUMBER

RELEASE OF LIABILITY FORM

In consideration of Community Living Dufferin permitting me to carry out activities on CLD property as a

Visitor Volunteer

at: _____
(Location address)

for the purpose of: _____
(Nature of activity)

and, in acknowledgement of the fact that I willingly consent to do these activities with the knowledge and agreement of the department manager, I,

(Name of visitor/volunteer)

hereby release CLD, its managers, employees, volunteers and visitors from any claim or action whatsoever for damages, loss or injury suffered by me, or any claim brought against me, arising as a result of said activities unless such damages, loss or injury is due to a negligent act or omission of CLD, its managers, employees or volunteers. I further acknowledge that, with the assistance of the department manager I have the responsibility of becoming familiar with all regulations, policies, procedures regarding occupational health and safety matters as they pertain to the activities that I participate in while at CLD.

Date of activity period: from _____ to _____.

Signatures:

Volunteer/Visitor Date

Department Manager Date

Executive Director Date

CONSENT FORM

Community Living Dufferin (CLD) frequently participates in educational and promotional programs throughout this community. These programs are designed to educate staff, volunteers and / or community members about developmental delays and the purpose and nature of CLD's support services. As well, the photographs, films and other promotional literature we use increase public awareness and promote our association's image as a service provider.

I HEREBY give Community Living Dufferin permission to:

- a) Publish and use photographs, print ads, taped interviews, digital images, electronic media (e.g. CD-ROM, Internet, World Wide Web) or other form of promotion;
- b) Use my name in connection therewith.

This permission is unconditionally granted to CLD for educational and related purposes deemed appropriate by CLD, both internal and external to the organization. I waive any right to inspect and approve the finished product or copy that may be used.

NAME: _____ SIGNATURE: _____

DATE: _____, 20__.

WITNESS _____

SIGNATURE: _____

DATE: _____, 20__.

.....

I DO NOT give CLD my permission to use my image or other promotional material in relation to their advertising and promotion.

NAME: _____ SIGNATURE: _____

DATE: _____, 20__.

CONFIDENTIALITY FORM

All employees, volunteers, Board members and consultants must protect and respect the privacy of the clients and families that Community Living Dufferin serves, as well as employees and volunteers; and respect and protect any information belonging to Community Living Dufferin about clients and their families and/or the operations of the organization; and they must protect themselves and clients from damage caused by breach of confidentiality.

Breach of confidentiality is a serious offence which can result in immediate termination of employment bypassing the progressive discipline process.

Breach of confidentiality includes, but is not limited to:

- a) Sharing information about clients, their families, and/or sharing information about the organization with people within or outside Community Living Dufferin who have no right to such information.
- b) Sharing information about clients, their families and/or the organization within hearing or visual apprehension of any person who does not have the right to such information.
- c) Providing public access to information, on or off the premises, that is considered by Community Living Dufferin to be confidential.
- d) Providing grounds for breach of confidentiality by the improper and/or careless handling and maintenance of client and staff records or any other records.

I, _____ acknowledge, agree and confirm that I am aware of the seriousness of breach of confidentiality and the penalties for such. I further agree that I will use the information, documentation and data belonging to Community Living Dufferin solely for the purpose of Community Living Dufferin business.

I further agree; that except for written permission for disclosure, any confidential information, knowledge, and/or data related to Community Living Dufferin that comes to my attention will be kept confidential.

SIGNATURE

WITNESS

DATE

RULES OF CONDUCT

In order to ensure that employees and volunteers understand the rules of conduct expected of them as an employee or volunteer of the Organization, the following rules have been developed. This list is published for the information and guidance of employees and volunteers, but is not necessarily complete. Violation of these rules may result in disciplinary action up to and including dismissal.

- a) Theft from the Organization, its clients, employees or volunteers.
- b) Unauthorized use of equipment, supplies, or other property belonging to the Organization, its clients, employees or volunteers.
- c) Physical, verbal and/or financial abuse of a client, employee or volunteer. Employees who witness incidents of suspected abuse of any kind to a client must report it immediately to their Supervisor.
- d) Engaging in sexual activity or otherwise inappropriate behaviour with clients or others.
- e) Willful neglect, abuse or destruction of property belonging to the Organization, its clients, employees or volunteers.
- f) Reporting for work while under the influence of or suffering from the effects of alcoholic beverages, drugs or other intoxicants.
- g) Unauthorized use, possession or consumption of alcohol; or the improper or illegal use of drugs or other intoxicants while on duty or on the Organization's premises.
- h) Fighting, horseplay, mischief or other disorderly conduct while on duty or on the Organization's premises.
- i) Possession of weapons or explosives on Organization's premises.
- j) Falsification of any documents or records concerning the Organization, its clients, employees or volunteers.
- k) Being charged and convicted of a criminal offense for which a pardon has not been granted under the Criminal Records Act (Canada).
- l) Dishonestly in dealing with the Organization, including the submission of a false resume or application for employment.

Initial _____

- m) Making or publishing any false, vicious or malicious statements concerning the Organization, its clients, staff or volunteers.
- n) A breach of confidentiality concerning information pertaining to the Organization, its clients, employees or volunteers including all matters regarding the present affairs or activities of the Organization or future projected affairs or activities under consideration by the Organization.
- o) Willful misconduct, disobedience, insubordination or willful neglect of duty.
- p) Soliciting or collecting contributions for any purpose without the specific approval of the Supervisor of designate.
- q) Failure to do assigned work, follow instructions or obey order of Supervisors.
- r) Leaving the assigned place of work without the permission during working hours.
- s) Failure to maintain regular attendance and punctuality.
- t) Failure to report for work at the regular starting time.
- u) Violations of safety rules and procedures.
- v) Using a leave of absence for purposes other than the reason granted including failure to return to work upon the expiry of a leave of absence.
- w) Discriminatory acts/remarks and harassment of the Organization employees, clients and volunteers in the workplace.
- x) Any other misconduct warranting disciplinary action.
- y) Unauthorized personnel involved with clients or on the premises of the Organization during work hours.

NOTE: Nothing in these rules will be deemed to restrain or limit the right of the Organization to discipline or dismiss employees.

Initial _____