

## Volunteer Application

CONTACT INFORMATION										
First Name				Last Name				Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Full Mailing Address										
Email Address					Home Phone Number			Alternate Phone Number		
INDICATE AVAILABILITY BELOW										
	Monday		Tuesday		Wednesday		Thursday		Friday	
Time	Start	End	Start	End	Start	End	Start	End	Start	End
YOUR RELATIONSHIP TO KRISTEN FRENCH CACN										
Why do you want to volunteer for the Kristen French CACN?										
How did you hear about the Kristen French CACN? <input type="checkbox"/> Media <input type="checkbox"/> Our Website <input type="checkbox"/> Volunteer referral agency <input type="checkbox"/> At a special event <input type="checkbox"/> Other: <input type="checkbox"/> Referral    If you were referred, who referred you? Name: _____ Phone Number or Email: _____										
QUALIFICATIONS & SKILLS										
What skills would you like to use in a volunteer role with us? <input type="checkbox"/> Office Support/Reception <input type="checkbox"/> Volunteer Development/Coordination <input type="checkbox"/> Grant Writing <input type="checkbox"/> Fundraising <input type="checkbox"/> Event Planning/Committee work <input type="checkbox"/> Data Entry <input type="checkbox"/> Spreading awareness <input type="checkbox"/> Driving/transportation <input type="checkbox"/> Abode InDesign <input type="checkbox"/> Other:										
LANGUAGES										
	Read		Write		Speak					
English	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
French	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Other: 1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

**VOLUNTEER & WORK EXPERIENCE**

Organization	Position & Brief Description of work performed	Duration
1.		Start: End:
2.		Start: End:
3.		Start: End:

**REFERENCES** *\*please limit personal references to one\**

Name	Phone	Email	Relationship
1.			
2.			
3.			

**BACKGROUND CHECK** *\*please read carefully\**

Have you ever been convicted of a criminal offense, for which a pardon has not been granted?  Yes  No

By my signature, I authorize the Kristen French CACN to conduct:

- A background check of my references
- A police check, including vulnerable sector screening

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF VOLUNTEER PLACEMENT**

1. I acknowledge that I am not an employee of the Kristen French CACN and that any duties I perform are as a volunteer.
2. I agree to abide by the policies and procedures set forth by the Kristen French CACN for my assigned duties.
3. I will be punctual and carry out my duties to the best of my abilities.
4. I will notify my supervisor of any necessary absence from my services as far in advance as possible.
5. I agree to hold in strict confidence any confidential information that I may come in contact with in my role as a volunteer, including but not limited to client, social, medical, and financial information.
6. I understand that it is my responsibility to update any address, emergency, or other changes to the information on this form.
7. I understand that all of my information, personal or otherwise, collected by the Kristen French CACN during the term of my volunteer placement may be viewed by supervising managers within the organization in considering me for a volunteer position.
8. I understand that the Kristen French CACN reserves the right to refuse placement.

I hereby release the Kristen French Child Advocacy Centre Niagara, its staff, Board, donors, sponsors, and volunteers from all claims in respect to death, injury, loss, or damage to my person or property arising from participation in programs, activities sponsored by the Kristen French CACN, or participation in activities for the Kristen French CACN as an active participant or spectator.

I choose to opt into the Kristen French CACN mailing list:  Yes  No

I give the Kristen French CACN permission to obtain or release information pertaining to my volunteer work for the purpose of reference:  Yes  No

**By my signature below, I acknowledge all of the information contained in this application is true and that misrepresentation of any part of this application may be just and sufficient cause for termination of my volunteer placement. I have read and agree to adhere to the foregoing conditions of volunteer engagement as outlined.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer (witness): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*the parent/guardian is only required to sign for youth under 16 years of age*