

VOLUNTEER APPLICATION FORM



CONTACT INFORMATION

NAME: _____ PHONE: _____ CELL: _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

ARE YOU OVER THE AGE OF 80 YEARS? (FOR INSURANCE PURPOSES) PLEASE CHECK Yes No

ARE YOU UNDER 18 YEARS OLD? PLEASE CHECK Yes No (IF YES, PARENTAL CONSENT IS REQUIRED)

VOLUNTEER INTEREST - Please check all areas of volunteering that you are interested in.

- FUNDRAISING GARDENING/MAINTENANCE
 HELPING AT EVENTS SHARING A SKILL
 BEING A HOST/HOUSTESS FOR FIELD TRIPS OTHER (PLEASE SPECIFY) _____

AVAILABILITY – At what times would you be available for volunteering? Please check all that apply.

- FLEXIBLE WEEKDAYS WEEKENDS
 DAYTIME EVENINGS

HOW OFTEN WOULD YOU BE ABLE TO OFFER THE ABOVE AVAILABILITY?

RELEVANT EXPERIENCE/SPECIAL SKILLS – Please list other places you have volunteered and in what capacity.

WHAT WOULD BE YOUR MOTIVATION TO VOLUNTEER WITH GREENWOOD NEIGHBOURHOOD PLACE SOCIETY?

REFERENCE(S) – Please provide the names and contact # for 2 individuals who could provide a reference.

Name: _____ Ph: _____

Name: _____ Ph: _____

DO YOU HAVE CURRENT INTERMEDIATE FIRST AID? YES NO Expiry Date: _____

ARE YOU INTERESTED IN BECOMING A MEMBER OF GREENWOOD NEIGHBOURHOOD PLACE SOCIETY? – Members are invited to attend the Annual General Meeting, vote on special resolutions, and nominate and vote for members of the Board of Directors. There is a \$5 annual fee to be a voting member of the Society. YES NO

PLEASE SUBMIT YOUR VOLUNTEER APPLICATION BY:

FAX: 403-638-1012

DROP OFF AT OUR OFFICE: #5, 96 2ND Ave NW, Sundre, AB

E-MAIL: info@mygnp.org

MAIL: GNP/SUNDRE FCSS, Box 1846, Sundre, AB, TOM 1X0

FOR OFFICE USE ONLY Application Form PCR Pledge of Confidentiality Code of Ethics Photo Release

Application approved by: _____ Date: _____



GREENWOOD NEIGHBOURHOOD PLACE SOCIETY VOLUNTEER APPLICATION FORM

I hereby give Greenwood Neighbourhood Place Society (GNP) permission to contact the persons named as references to ascertain my suitability for volunteer work. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I give GNP consent to verify the information provided herein and to contact the references listed. I waive any right to confidentiality and of any right to pursue damages against the Organization for losses caused by the reference's response.

I also grant my permission for GNP to perform a police records check, and a vulnerable sector check if applicable, and fingerprinting if required, for purposes of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in strict confidence. I agree to adhere to the protection policies as adopted by this organization.

I understand that if my character or morals are deemed by GNP leadership to be inappropriate and/or criminal at any time during my volunteer service, GNP will be entitled to terminate my assistance without express cause or prior notice regardless of any other oral or written statement by GNP prior to, at, or following the date of volunteer service.

I understand that GNP is responsible for the welfare of any person or persons entrusted to my care. I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrine of GNP, I will gracefully and quietly resign my volunteer position. If my supervisors find that I conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this application for volunteer work is true and correct. I accept and agree to adhere to the Code of Conduct of Greenwood Neighbourhood Place Society.

Signature of Applicant _____

Printed Name _____ Date _____

Signature of Witness _____

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of screening Program Personnel and placing them into programs with Children, Youth and Vulnerable Adults. The information gathered here will be used for the purposes of supporting the programs at Greenwood Neighbourhood Place Society.