VOLUNTEER APPLICATION PACKAGE

Thank-you for your interest in becoming a volunteer with our Organization(s).

This package includes the following documents:

- Application and Parental Consent Form:
  Parental Consent applicable to applicants under 19 years of age.
- References Request Form
- Photography Consent Form
- Request for Criminal Record Check
  Not applicable to students under 19 years of age
- Request for Documentation of Annual Flu Immunization
- Request a Copy of Covid 19 Vaccination Card

Please <u>complete this entire package</u> and return to the Coordinator of Volunteers at your earliest convenience.

Volunteer Application Form

Please Print Clearly

Name:_____

Address:_____

_____

Home Phone: _____

Emergency Contact: _____

Work or Cell Phone: _____

Phone: _____

Educational Background: _____

Current Occupation: _____

_____

_____

_____

_____

Hobbies, Skills, Interests: _____

Previous Volunteer Experience:

_____

_____

_____

_____

Languages Spoken: _____

Reason for Volunteering: _____

_____

_____

Capacity of Volunteering:

- ☐ Working with seniors one-on-one
- ☐ Working with seniors in activity programs
- ☐ Working with seniors with Care Department
- ☐ Other (*please specify)*

_____

Dates Preferred: _____

Times Preferred:

- ☐ Morning ☐ Afternoon ☐ Evening
- ☐ Weekends ☐ After School ☐ Anytime

Time Commitment to Volunteering:

☐ 3 Months ☐ 6 Months ☐ Other _____

Do you have any special abilities or limitations that may limit your ability to perform certain types of work?

- ☐ No
- ☐ Yes *(please specify)*

_____

_____

If you are volunteering as a requirement, please describe which organization the requirements are for and how many hours are needed to fulfill the requirements:

Organization: _____

Hours Required: _____

How did you hear about us?

- ☐ Website ☐ Referred by friend/volunteer ☐ Agency/School
- ☐ Volunteer Center ☐ Newspaper Advertisement ☐ Other

Parental Consent: *Applicable to applicants under 19 years of age.*

In order for your child to become a volunteer with us we require your consent and involvement in helping them to have a productive experience. Please read and sign this form if you would like your child to be considered for a volunteer position.

Name of Youth Volunteer: _____

Anticipated days and number of hours per week: *(i.e. Saturday or Sunday 2 – 3 hours)*

_____

_____

Description of anticipated volunteer work: *(i.e. playing cards, assisting in recreation activities)*

_____

_____

Expected duration of volunteer work: _____
(i.e. 3 months / ongoing)

Consent:

- I understand that my child named above wishes to be considered for volunteer work at Dania Home Society / Dania Society and I hereby give my permission for them to serve in that capacity, if accepted by the agency.
- I understand that they will be provided with orientation and training necessary for the safe responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures.
- I understand that they will not receive monetary compensation for their services.

Responsible Party: _____ Signature: _____
(Name: Please Print)

Relationship to Youth: _____ Date: _____

School Contact: _____ Phone: _____

References Request Form

Please provide 2 non-relative references.
(e.g. teacher, employer, counsellor, other volunteer supervisor, etc.)

Reference #1	Reference #2
Name: _____	Name: _____
#1 Telephone: _____	#1 Telephone: _____
#2 Telephone: _____	#2 Telephone: _____
E-mail: _____	E-mail: _____

I hereby give permission for the release of information with regards to volunteering at Dania Home Society / Dania Society. I understand that volunteering is subject to favourable references and that the information obtained will be confidential.

Signature: _____ Date: _____

I understand that these individuals / organizations contacted for the purposes of reference checks will give their honest evaluations and information they deem appropriate of my suitability for the described volunteer work and the information obtained will be confidential.

Signature: _____ Date: _____

Photography Consent Form

☐Resident ☐ Family Member ☐ Volunteer ☐ Staff ☐ Other

I hereby grant full permission to the above selected organization to use either my/my family member's/friend's/client's photograph and/or name, if necessary, in any publication or advertising materials, printed or electronic.

This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my/my family members/friend's/client's photograph and/or name.

_____
Name

_____ _____
Responsible Party (if applicable) Relationship

☐ Does Consent ☐ Does NOT Consent

_____ _____
Signature Contact Number

_____
Date signed

Office Use Only:

Authorization Declined: ☐

Date: _____

[Date]

To Whom It May Concern,

RE: Volunteer Applicant: _____

Our organization requires a Federal Criminal Record check for volunteers who work with vulnerable adults prior to the commencement of their volunteer duties.

Our organization will not incur any costs as a result of this volunteer requirement.

Please send the results to:

Attention: Al Fructoso
Recreation Coordinator of Dania Home and Dania Manor
4175 Norland Avenue
Burnaby, B.C.
V5G 3S7

Yours truly,

Al Fructoso
Recreation Coordinator of Dania Home and Dania Manor

Our organization requires all volunteers to have an annual flu immunization prior to the commencement of their volunteer duties.

Our organization will not incur any costs as a result of this volunteer requirement.

Please include documentation verifying you have received an annual flu immunization when submitting your application.

Yours truly,

Al Fructoso
Recreation Coordinator of Dania Home and Dania Manor