

COUNTRY ROADS COMMUNITY HEALTH CENTRE

VOLUNTEER APPLICATION

Name: _____ Male Female

Address: _____

_____ Postal Code: _____

Phone: _____ Work phone: _____ Email: _____

Emergency Contact Person & Number:

Health Conditions/ Concerns:

(such as transportation, allergies, physical limitations, financial)

Are you interested in volunteering: Weekly Monthly Occasionally

What time and days are you available for volunteering? (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-12							
Afternoon 12-5							
Evening 5-10							

Are there any times of the year when you are **not** available for volunteering?

Is there a specific position you are applying for? Yes No

If you are not applying for a specific position please provide information that would help us find an appropriate volunteer opportunity: _____



INTERESTS:

<input type="checkbox"/> working with food: cooking/snacks/events	<input type="checkbox"/> working with children
<input type="checkbox"/> music or entertaining	<input type="checkbox"/> making “reminder” phone calls
<input type="checkbox"/> groups or committees	<input type="checkbox"/> speaking publicly
<input type="checkbox"/> greeting or registering people	<input type="checkbox"/> gardening
<input type="checkbox"/> doing sports and recreation activities	<input type="checkbox"/> Setup/cleanup for meetings
<input type="checkbox"/> researching and promoting a cause	<input type="checkbox"/> working on a committee
<input type="checkbox"/> teaching, tutoring or training	<input type="checkbox"/> organizing (events or people)
<input type="checkbox"/> administrative support	<input type="checkbox"/> Good Food Box <ul style="list-style-type: none"> ○ driver ○ packer ○ host site
<input type="checkbox"/> Other	

Which of the following would you **not** prefer to work with? (Check all that apply):

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Children 0-6 | <input type="checkbox"/> Adult | <input type="checkbox"/> Male |
| <input type="checkbox"/> School Age Children | <input type="checkbox"/> Senior | <input type="checkbox"/> Female |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Other (Please describe) | |

Why do you want to volunteer?

What is your volunteer or work experience?

Do you have any training, personal skills or education that would benefit the health centre?



REFERENCES:

Please provide 2 people who would provide a reference for you.
Please, no family members.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

CONFIDENTIALITY:

All privileged information (verbal, written or electronic) involving staff, volunteers, clients or the operations of the Centre shall be kept confidential. Failure to maintain confidentiality may result in corrective action or termination.

1. All employees, volunteers, students and contract staff are required to sign an oath of confidentiality upon commencement of Centre duties.
2. All employees, volunteers, students and contract staff shall take all reasonable precautions to safeguard confidentiality of client information and by doing so will maintain the professionalism expected of them.
3. Information may be shared for the purposes of consultation between CRCHC staff and external collaborative agencies. Prior written consent must be obtained from a client before sharing any information about that client.

Approved: Feb. 1993, Revised: Mar 1997, Jan 2000, May 2001 Jan 2007

I, _____, volunteer of Country Roads Community Health Centre, agree to become familiar with and abide at all times with the policies and procedures of the Centre, in regard to client records, especially the confidentiality clause. I am also aware that breach of client confidentiality is cause for disciplinary action and, in serious cases, dismissal. I have read and understood the above.

Signature of Volunteer

Date



COLLECTION OF INFORMATION:

Country Roads Community Health Centre undertakes that all of the information collected will be kept confidential as required by the Federal Privacy Act and will not be shared with any third-parties without your expressed consent. This information assists the Country Roads Community Health Centre through Ministry funding to plan programs and services to best meet the needs of our clients and communities.

Consent:

I have been given an opportunity to ask questions about the use of my personal information and understand that I have the right to review the Centre's Privacy practices and to speak to the Privacy Officer should I choose. By signing this form, I agree to the collection of this personal information for the purposes set out above.

I agree to have the above-named references contacted by Country Roads Community Health Centre, pursuant to the Freedom of Information Act.

Signature of Volunteer

Date

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