COUNTRY ROADS COMMUNTIY HEATLH CENTRE

YOUTH VOLUNTEER APPLICATION

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Grade: _____

Emergency Contact Person & Number: _____

Health Conditions/ Concerns: _____
(Allergies, etc)

REFERENCES:

Please provide 2 people who would provide a reference for you.
One may be from your extended family.

1. Name:_____Phone:_____

2. Name:_____Phone:_____

INTERESTS:

Preschool age children	☐ yes ☐ no	Teaching, tutoring, training	☐ yes ☐ no
School age children	☐ yes ☐ no	Music or entertaining	☐ yes ☐ no
Setting up rooms for programs	☐ yes ☐ no	Organizing activities/events	☐ yes ☐ no
Greeting/registering participants	☐ yes ☐ no	Food preparation	☐ yes ☐ no
Meeting new people	☐ yes ☐ no	Doing creative/artistic projects	☐ yes ☐ no
Working with a team	☐ yes ☐ no	Sports & recreation activities	☐ yes ☐ no
Working on my own	☐ yes ☐ no	Circulating posters & notices	☐ yes ☐ no
Working with a partner	☐ yes ☐ no	Other:	

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 the 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 Parent/Guardian Date

PERMISSION TO PHOTOGRAPH:

We would like to take photos of program participants. We need your permission to use these photos in future brochures, posters, events or our web site. Participants will not be identified by name.

I give permission for Country Roads Community Health Centre to use photos of

_____ in future brochures, posters, events or our web site.
Participant name

_____ _____
Signature of Parent/Guardian Date