



Age & Opportunity
Volunteer Registration Form
Confidential

Name: _____ []Mr. []Mrs. []Miss []Ms

Address: _____ Postal Code: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Birth date: (M/D/Y) _____

Emergency Contact: _____ Relationship: _____

Phone: Home _____ Work _____ Cell _____

Skills & Interests

Languages Spoken: _____

Training/Skills: _____

Hobbies/Interests: _____

Previous Volunteer Experience: _____

Is there a certain type of volunteer work in which you are interested? (Please check all that apply.)

- [] Working with a single client [] Providing telephone support to clients
[] Public Speaking [] Administrative and/or reception duties
[] Assisting with Meal Programs [] Working occasionally on special projects/events
[] Information & Referral Support [] Other
[] Serving on Agency committees and/or Board of Directors
[] Group facilitation/instruction Describe:

What day(s) of the week are you interested in volunteering? _____

At what times are you interested in volunteering?

- []Mornings []Afternoons []Evenings []Weekends []Flexible

Do you have a geographic preference as to where you want to volunteer?

[]No []Yes: (Define specific location): _____

Background Information

Are there health issues that may impact on your ability to perform your duties as a volunteer?

[]No []Yes: (Explain): _____

For Friendly Visiting Volunteers: Please indicate client preference:

- []Male []Female []No Preference []Smoking Tolerated []Non-Smoking Preferred
[]Cats Tolerated []Dogs Tolerated Other:(Explain)

How did you hear about us? _____

Please list three non-family references that we might contact. If your references are not available between 8:30 a.m. - 4:30 p.m., please supply an address with postal code or e-mail address: (References are called as part of our screening procedure)

Name: _____ Relationship: _____
Address: _____ City: _____ Postal Code: _____
Phone:(H)_____ (W)_____ (C)_____
Email: _____

Name: _____ Relationship: _____
Address: _____ City: _____ Postal Code: _____
Phone:(H)_____ (W)_____ (C)_____
Email: _____

Name: _____ Relationship: _____
Address: _____ City: _____ Postal Code: _____
Phone: (H)_____ (W)_____ (C)_____
Email: _____

DECLARATION

I hereby offer my services as a volunteer for Age & Opportunity Inc. I understand that a completed Criminal Record Search must be submitted as part of this application. The Criminal Record Search will verify if I have a criminal record, such as a previous conviction, or if I am currently under investigation for any of the following offences:

- Violence:** *acts of violence, family violence, threats, intimidation or harassment, misdemeanor, homicide, kidnapping, sequestration*
- Theft, Fraud:** *shoplifting, simple robbery, fraud, false identification, break enter & theft, armed robbery, vehicle theft, corruption*
- Sex:** *sexual aggression, indecent actions, prostitution, rape*
- Driving:** *hit and run, impaired driving*
- Drugs:** *possession, drug dealing, importation, cultivation*

I certify that the information provided on this form is true and accurate. Furthermore, between the time I sign this form and the time I participate with Age & Opportunity as a volunteer, I will inform Age & Opportunity of any changes which would no longer allow me to meet the selection criteria.

Signature: _____ **Name:** _____
(Please Print)

Date: _____

It is the policy of Age & Opportunity that no one will be refused the opportunity to volunteer with the agency because of financial limitations. Please speak to the Volunteer Coordinator if you would like to discuss your situation.

For office use only:

Program/Centre: _____ Received CRS _____

Position: _____ Reimbursement for CRS _____

Supervisor: _____

AGE & OPPORTUNITY
VOLUNTEER PROGRAM
CODE OF CONFIDENTIALITY

It is the policy of Age & Opportunity's Volunteer Program that each volunteer shall read and consider carefully the "Code of Confidentiality" and then sign a "Statement of Understanding" agreeing to comply.

The Code of Confidentiality

As I participate with clients, members and participants of Age & Opportunity, I will respect their rights to total privacy concerning their names, addresses, backgrounds, family relationships and the nature of their involvement with the agency. As a volunteer, I must limit my discussion to the specific duties and responsibilities outlined in my volunteer job description. That is, I can talk about what I do but not with whom I do it. I understand that my obligations outlined above will continue after my service with Age & Opportunity Inc. has ended.

As I participate in the Age & Opportunity Volunteer Program, I will respect its right to be presented in a favourable light to others. As a volunteer, I am a responsible representative of the agency and a powerful force in the community. If I have problems with my commitment, I shall look first to the agency for support and resolution. In this way, my advocacy will be thoughtful, accurate and supportive.

Statement of Understanding

I have read the Code of Confidentiality and agree to comply with the policies and ideals stated therein.

Signed: _____ Name: _____
(please print)

Date: _____

