



Alison Neighbourhood
community centre

VOLUNTEER APPLICATION FORM
127 Elgin Street, Cambridge N1R 5H6
PH: 519 620-1867 Fax: 519 620-0067

Last Name	Given Name(s)	Title Mr. Mrs. Ms. Miss.
Address	City	Postal Code
Phone#	Best time to Call:	Email
Home	Morning	
Work	Afternoon	
Cell	Evening	
Please circle your age category: under 14 14-17 years 18 and over		
Please feel free to enter month of birth:		

Experience and Volunteer Information

Past Experience with Alison Neighbourhood Community Centre:

Past Volunteer Experience:

Skills/Hobbies/Interests/Certifications:

Preferences in what you do:

Dislikes

Program or Activity you are applying for if any:

How did you learn about this volunteer opportunity?

May we contact you, in future, regarding other volunteer opportunities?

General Volunteer opportunities of interest
Board of Directors Committee Member Fundraising
Special Events Youth Committee Other
Please circle interest

Volunteer Screening for applicants 18 and over

Have you ever been convicted of a criminal offence for which a pardon has been granted?

Will you agree to a Police Record Check and a Family and Children's Services Check if it is required for a volunteer placement?

Yes **No**

If you are under 18 years of age, please have your parent or legal guardian sign the following:

I hereby certify that I am the parent/legal guardian of _____, a minor and that she/he has my permission to serve as a volunteer with the Alison Neighbourhood Community Centre and have read the Volunteer Agreement/Release & Waiver form.

Parent/Legal Guardian (Please Print):

Signature: _____

Date: _____

Volunteer Agreement Release & Waiver Form

I, _____ (full name), in applying to perform duties for ANCC as a Volunteer fully understand and agree to the following:

1. That I will not be participating in volunteer activities in the capacity of an ANCC employee or independent contractor.
2. That I will not receive any remuneration, salary, wage, or payment or any employee benefit whatsoever, or be covered by the Workplace Safety and Insurance Act, 1997.
3. That except as authorized, I will not use ANCC facilities and equipment.
4. That I will immediately notify the appropriate supervisor of any incident that involves personal injury or property damage during my volunteer duties.
5. That either ANCC or I myself may terminate my volunteer activities at any time.
6. I acknowledge that volunteer activity may involve personal risk of damage or injury. I hereby release Alison Neighbourhood Community Centre, Board of Directors, employees and agents from all claims for damage, unless such damage or injury is caused by the gross negligence of ANCC
7. I understand that a volunteer position is conditional upon a 30 day probationary period, during which all statements made on this application may be verified.
8. It is my responsibility to read and understand the permanent volunteer related policies, procedures and guidelines of the ANCC. I also agree to follow these policies, procedures and guidelines as passed by the Board of Directors.
9. I understand and agree that privileged information received about program participants, volunteers, and/or staff of Alison Neighbourhood Community Centre is confidential. It may only be revealed to my direct supervisor within the Alison Neighbourhood Community Centre. Failure to maintain confidentiality may be cause for my immediate dismissal or will be means for other corrective action.

By signing this form I acknowledge having read, understood and agreed to the above conditions, release and waivers for any volunteer role that I am assigned and agree to perform for ANCC.

Volunteer Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Note: This form must be completed and signed by the volunteer, before being accepted by the ANCC for volunteer activities. For questions or concerns regarding this form, please contact Alison Neighbourhood Community Centre (Volunteer Coordinator at 519-620-1867)

Emergency Contact

In case of emergency while you are volunteering, who should be contacted?

Name:

Relationship:

Address:

Phone Number:

Photographic Release Waiver (optional)

I give permission to Alison Neighbourhood Community Centre for use of my picture in any promotional material.

Volunteer Signature (Parent or guardian if under 18) _____

Volunteer References:

Please provide the names of persons over the age of 18 who can supply information pertinent to your work/volunteer performance, and have known you for a minimum of 1 year. (Non Family references please)

Name:

Relationship:

Day time number :

Evening number:

Name:

Relationship:

Day time number :

Evening number:

Name:

Relationship:

Day time number :

Evening number:

Notes:

Volunteer File Checklist

Start Date:

Supervisor:

- Volunteer Application Complete and required signatures on file
- References contact form in file
- Interview completed and in file
- Interview completed and in file (date)
- Confidentiality signed and in file
- Police check verification signed dated and in file
- Volunteer record sheet in binder
- Volunteer information entered into database
- Orientation completed
- Job description given to volunteer