

VOLUNTEER INFORMATION FORM

DATE: _____ NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ D.O.B. _____

E-MAIL: _____ EMERGENCY CONTACT: _____

OCCUPATION/EMPLOYER: _____

TRAINING: _____

COMMUNITY/ VOLUNTEER WORK _____

INTEREST/ACTIVITIES: _____

LANGUAGES: (SPOKEN) _____ (WRITTEN) _____

PLEASE PROVIDE TWO REFERENCES

Name: _____ Contact: _____

Name: _____ Contact: _____

ARE YOU WILLING TO COMMIT TO 1 - 4 SHIFTS A MONTH? _____

ANY FURTHER INFORMATION YOU FEEL WE SHOULD KNOW?

We appreciate a minimum six-month commitment to this volunteer position.

Thank you for volunteering your time.

VOLUNTEER AGREEMENT

I, _____ upon becoming an active volunteer with the Howe Sound Women's Centre agree to the following commitments:

- I agree to abide by the Howe Sound Women's Centre's policies and procedures guidelines as detailed in the attached.
- I agree to be scheduled for 1 – 4 shifts per month as agreed upon between Community Program Director / Program Manager and myself.
- I agree to inform the Community Program Director / Program Manager of any unavailability while a volunteer with the program.
- I agree to attend training, educational workshop and volunteer meetings during my commitment with the Howe Sound Women's Centre.

VOLUNTEER SIGNATURE: _____

PROGRAM MANAGER: _____

DATE: _____

Thank you for your commitment to the program. We could not run the Drop-in Centre without valued volunteers like you.

VOLUNTEER CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my volunteer duties for the Howe Sound Women's Centre I must hold all client information in the strict confidence as per the confidentiality statement. I realize that my breaking of this responsibility may result in my volunteer position with the Society being terminated.

With the exception of the following circumstances:

- Unreported cases of suspected child abuse or neglect. The general public is obligated to inform appropriate persons in the Ministry of Social Services.
- When a client indicates that she is a danger to herself, or others. The Howe Sound Women's Centre staff member, or volunteer is obligated to inform the appropriate authorities and /or family doctor, etc.
- When compelled by court order.

VOLUNTEER SIGNATURE: _____

PROGRAM MANAGER: _____

DATE: _____