

The Den – SYC

VOLUNTEER APPLICATION

CONTACT INFORMATION

NAME _____

PHONE NUMBER(s) _____ EMAIL _____

MAILING & PHYSICAL ADDRESS _____

In our desire to reduce the risk of abuse within our programs, we believe this information is necessary to protect our Children, Youth, and our Volunteers and to effectively place our Volunteers in program positions. Thank you in advance for your partnership.

WHAT MOTIVATES YOU TO VOLUNTEER AT THE YOUTH CENTRE?

RELEVANT EXPERIENCE (List any gifts, training, education or qualifications that have prepared you to work with Youth)

VOLUNTEER INTEREST (Please check those areas of volunteering that you are interested in!)

- LEAD VOLUNTEER HELPER (EVENTS/DROP IN) SKILL TEACHER / FACILITATOR
 OH&S / POLICIES FUNDRAISING / GRANTS PERFORMER
 PROMOTIONS/SOCIAL MEDIA OTHER (PLEASE SPECIFY)

AVAILABILITY (At what times would you be available for volunteering? Please check all that apply)

- FLEXIBLE WEEKDAYS WEEKENDS
 DAYTIME (before 3pm) AFTERNOONS (3pm – 6pm) EVENINGS (6pm – 9pm)

HOW OFTEN WOULD YOU BE ABLE TO OFFER THE ABOVE AVAILABILITY?

- WEEKLY BI-WEEKLY MONTHLY CASUAL PREFERRED/ON-CALL

PLEASE PROVIDE THE NAMES OF TWO INDIVIDUALS, EXCLUDING RELATIVES, WHO COULD PROVIDE A REFERENCE FOR YOU.

Name: _____ Ph: _____ Email: _____

Nature of Relationship: _____

Name: _____ Ph: _____ Email: _____

Nature of Relationship: _____

DO YOU HAVE CURRENT FIRST AID? YES NO

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- Release of Information and Declaration of Intent

I hereby give Greenwood Neighbourhood Place Society (GNP) organization permission to contact the persons named as references to ascertain my suitability for volunteer work. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I give GNP consent to verify the information provided herein and to contact the references listed. I waive any right to confidentiality and of any right to pursue damages against GNP for losses caused by the reference's response.

I also grant my permission for GNP to perform a police records check, and vulnerable sector check when applicable, and fingerprinting if required, for purposes of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in strict confidence. I agree to adhere to the protection policies as adopted by this organization.

I understand that if my character or morals are deemed by GNP leadership to be inappropriate and/or criminal at any time during my volunteer service, GNP will be entitled to terminate my assistance without express cause or prior notice regardless of any other oral or written statement by GNP prior to, at, or following the date of volunteer service.

I understand that GNP is responsible for the welfare of any person or persons entrusted to my care. I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of GNP, I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this application for volunteer work is true and correct. I accept and agree to adhere to GNP's Code of Conduct as a volunteer for the Den-SYC.

Signature of Applicant _____

Printed Name _____ Date _____

Signature of Witness _____

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of screening Program Personnel and placing them into programs with Children, Youth and Vulnerable Adults. The information gathered here will be used for the purposes of supporting the programs at the Den-SYC under Greenwood Neighbourhood Place Society.

PLEASE PRINT, FILL IN & SUBMIT YOUR APPLICATION BY:

- E-MAIL: INFO@MYGNP.ORG

- DROP OFF AT OUR OFFICE: #5, 96 2ND Ave NW, Sundre

- MAIL: GNP, Box 1846, Sundre, AB, TOM 1X0

Thank you!

Feb 2022

