



Engage Educate Empower

Last Name:		First Name:	
Title:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Middle Initial(s):	
Address:		Date of Birth (DD/MM/YYYY):	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Preferred contact method:			

Emergency contact information:

Last Name:		First Name:	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Relationship:	
Preferred contact method:			

Volunteer work desired:

<p>Friendly Visitor () As a volunteer you'll have the chance to meet a senior to spend time to offer companionship and friendship.</p>	<p>Office Support () Help support staff with special projects and to assist seniors with questions or problems they might have.</p>	<p>Tech Buddies/ Computer Instructor () Come volunteer as a Computer Instructor where you'll have the amazing opportunity to help seniors multi-access social media such as Skype, FB, Instagram, Twitter and more!</p>
<p>Meal Programs () Help volunteer at a meal program by socializing and engaging with seniors in a group setting.</p>	<p>Telephone Tree () As a volunteer you'll make weekly social calls to seniors in Surrey and White Rock. You'll enjoy friendly, fun conversations, which is a great way for seniors to receive ongoing support.</p>	<p>Senior Connector and Information and Referral () As a volunteer, you will distribute information and resourceful materials to seniors at a location near you such as the library and community centre.</p>
<p>Walking Club Volunteer () You and other volunteers will encourage seniors to enjoy a light and moderate walks around the park.</p>	<p>Share and Care Volunteer () Come volunteer for the Share & Care Social Club where you'll help encourage and initiate conversations and activities with seniors.</p>	<p>Income Tax () Volunteers to assist with basic filing through the CVITP. This program runs from February-April during tax season.</p>

Education:

	Name and Location	Graduate? – Degree?	Subjects of Study
High School			
College or University			

Please indicate blocks of specific times you are available to volunteer in the spaces provided:

Fill in Schedule	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

References

Please provide two references business or volunteer related that have known you for at least 1 year; NOT relatives/doctors/close friends (Exception: High school students)

Name:	Phone:
Business/Volunteer Relationship to you:	Email:
Name:	Phone:
Business/Volunteer Relationship to you:	Email:

A. Tell us about yourself!

1. How would you describe yourself/personality?

2. What makes you interested in volunteering with Seniors Come Share Society?

3. What are your skills and assets?



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Reference Name:	Phone Number:
How long have you known the applicant?	
How do you know this person? (Co-worker/friend/relative)	
Describe the applicant's reliability, attendance and honesty.	
Description of Friendly Visitor work: The FV Program involves visiting for 1 to 2 hours each week with elderly people, in their home, and people with disabilities. From your knowledge of the applicant, do you think he/she is suited to this type of volunteer work?	
How well do you think the applicant deals with other people? Is he/she: can you give me an example. Patient? Caring? A good listener? Empathetic? Compassionate? Understanding?	

CONFIDENTIALITY POLICY

All information concerning clients, former clients, and volunteers are confidential. “Confidential” means that you are free to talk about Seniors Come Share Society and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

Seniors Come Share Society expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. Failure to maintain confidentiality may result in termination of your volunteer position. This policy is intended to protect you as well as Seniors Come Share Society because in extreme cases, violations of this policy also may result in personal liability.

I have read and understand this policy and will conduct myself accordingly.

Signature: _____ Date: _____

Signature: _____ Date: _____



Seniors Come
Share Society

Criminal Record Check for Volunteers

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Dear Sir/Madam:

RE: Criminal Record Check for Volunteers

Please be advised that the person presenting this application for a criminal record check is applying for a volunteer position with our non-profit society, Community Support Program. We are an agency providing services to seniors in all of Surrey and White Rock.

We understand from your website that Criminal Record Checks for our agency and our volunteers will be done free of charge.

This is to confirm that the RCMP record check is for:

NAME: _____

Thank you for your time and consideration.

Sincerely,

Volunteer Coordinator



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I, _____ . Hereby agree that my son/daughter is volunteering at Seniors Come Share Society an organization that provides support services to seniors.

I recognize that my son/daughter is under the age of 18 years and therefore requires parental consent to have him/her volunteer at Seniors Come Share Society.

I understand that my son/daughter will follow through with the expectations around the policy and procedure of the volunteer role

My son/daughter will agree to inform the Volunteer Coordinator of any issues or concerns while volunteering at Seniors Come Share Society.

My son/daughter understands the responsibilities as a volunteer.

My son/daughter understands the issues around safety, privacy and confidential information for clients of Seniors Come Share Society.

As a parent, I knowingly, voluntarily and expressly give full consent and permission to have my son/daughter volunteer at Seniors Come Share Society.

I have read the above consent and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant: _____

Signature of Parent/Guardian: _____

Volunteer Coordinator: _____

Date: _____