



Volunteer Application Form for Out of the Cold Collingwood

General Information About the Applicant			
First Name:		Last Name:	
Middle Initial:	Preferred Name:		
Address:		Date of Birth (DD/MM/YYYY):	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email:		Preferred contact method: Email Cell Home Phone	
Occupation/Past Occupation:			
Please provide a resume or biography: Attached <input type="checkbox"/> Will provide at a later date <input type="checkbox"/>			
Emergency Contact: (name and phone)			
I understand that if I have a potentially life-threatening condition (i.e. allergy), or a limitation due to mental health or disability, it is my responsibility to ensure those I work with know how to respond if/when I need help. Yes <input type="checkbox"/> No <input type="checkbox"/>			

Volunteer Positions	
Evening Crew – Shifts from 6:30pm-11:30pm Working together, as a team, to assist the Intake Lead to provide a safe environment, while interacting and assisting Guests with their immediate needs. Main responsibilities will include, but not be limited to: <ul style="list-style-type: none"> Complete Shelter set up prior to guests' arrival Start laundry process (bedding from previous night; if any.) among other cleaning duties Assist Guests with immediate needs, amenities, shower set up 	I am interested: Yes <input type="checkbox"/> No <input type="checkbox"/>
Meal Crew – Shifts from 6:30pm-9:30pm The purpose of the meal volunteer will be meal pick-up, preparation/clean-up as well as interacting and monitoring guests. Main responsibilities will include, but not be limited to: <ul style="list-style-type: none"> Pick up and delivery of meals/produce when needed Meal prep/clean-up Ensure eating area is clean before guests arrive 	I am interested: Yes <input type="checkbox"/> No <input type="checkbox"/>
Overnight Crew – Shifts from 12am-6:30am Assist the Overnight Lead to provide a safe environment for the guests, assist in am wake up calls, as well as work together to complete housekeeping duties. Main responsibilities will include, but not be limited to: <ul style="list-style-type: none"> Monitor guests and assist Guests with immediate needs Encourage and enforce shelter expectations 	I am interested: Yes <input type="checkbox"/> No <input type="checkbox"/>

Morning Crew – Shifts from 6:00am-8:00amI am interested: Yes No

Morning Crew will assist Staff with a.m. closing responsibilities and provide support to Guests as they prepare to leave the Shelter for the day. Main responsibilities will include, but not be limited to:

- Support Shelter Lead to complete a.m. shelter tear down tasks and cleaning duties
- Guest a.m. wake up calls
- Conduct Internal/External property/facility check for health and safety mitigation

Special Events – Varied opportunities and timesI am interested: Yes No

Support the Out of the Cold Task Force volunteers with Special Event activities and community engagement.

Availability (Generally when you might be available)

Please note that OOTC Volunteers are required to commit to a minimum of 3 shifts per month until April 30, 2020, for the exception of Special Events volunteers

Regularly - once or twice a week Occasionally – three times a month Special Events

Place an “X” in the boxes where you are available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning Crew (6am-8am)							
Evening Crew (6:30pm-11:30pm)							
Meal Crew (6:30pm-9:30pm)							
Overnight Crew (12am-6:30am)							

Previous Volunteer Experience

Have you volunteered other organizations? Yes No

List Organizations:

Applicant Skills and Qualifications

Do you have a current First Aid certification? Yes No Expiry Date (DD/MM/YYYY):

Do you have a current C.P.R. certification? Yes No Expiry Date (DD/MM/YYYY):

Do you have a current A.E.D. certification? Yes No Expiry Date (DD/MM/YYYY):

List any other skills and certifications:

Applicant's Objectives of Volunteering:

Part of my employment conditions at work It was suggested by the court of law

High school graduation requirement Post-secondary education placement

Seeking ways to give back to my community

Other:

List Two Personal References (Do Not List Family or Close Friends)

1. First and Last Name:

Address:

Home Phone #:

Relationship to Applicant:

2. First and Last Name:

Address:

Home Phone #:

Relationship to Applicant:

Insurance Company Notification

I understand that it is in my best interest to notify my insurance company (home and vehicle policies) that I am participating in volunteer activities. Yes No

Photo Consent

I give permission to be included in occasional photos or video recordings for the purpose of promotion, advertising, educational programs or presentations in communications media or for similar purposes. Yes No

How did you hear about Out of the Cold Collingwood (Check all that apply)

Agency or School (specify name):

Newspaper Radio Television 211 Flyer/Poster/Event Word of Mouth Internet

Other:

Consent for Persons under 18 Years or for Special Event Volunteering Only

I am under 18 years of age **and/or** will not be providing any Police Record Checks as I am only interested in volunteer activities for Special Events.

Applicant Signature:

Consent for All Other Volunteer Positions

I acknowledge and understand that an original Criminal and Vulnerable Sector Record Check will be required by out of the Cold Collingwood. The application form and a letter will be provided for this purpose. The content of the record will be used only by Out of the Cold Collingwood to determine appropriate volunteer placements within the shelter and program. The original record will be returned to me.

Please note that on rare occasions, police services may request some applicants to provide finger prints. This is not an accusation of criminality, but a requirement for some verifications -- one reason could be the applicant has the same gender and birthdate as an offender's record.

Applicant Signature:

Consent for Any Volunteer Driving Activities

In addition to signing above, I acknowledge and understand that to participate in volunteer driving activities I will provide an annual Driver's Abstract, and copies of my Driver's License and Insurance Certificate upon their renewal.

Applicant Signature:

Confidentiality – Your information collected by Community Connection will be kept confidential and used solely for the purpose of matching volunteer opportunities with your profile. By submitting this form you also give us permission to share your profile with community service organizations who partner with us to offer volunteer opportunities to the community.

If you are under 18 years of age - You agree that submitting this information for the purpose of connecting with volunteer opportunities must be done with the consent of your parents/guardians.

Applicant Signature

By signing this form, I certify that the information in this form is correct and complete.

Applicant:

Date:

Witness:

Date:

Parental Approval for Children and Youth under 18 years

I am aware of and support my child/legal dependant's decision to volunteer.

Print Parent Name:

Parent Signature:

Telephone Number:

Volunteer Code of Conduct

This Code of Conduct applies to Community Connection and applies to all volunteer activities with the Out of the Cold Collingwood program. When you accept an appointment, you agree to carry out your duties and act according to the requirements of this Code. Unlike paid staff, volunteers are not covered by the Employment Standards Act. Volunteers however do have rights, some which are enshrined in legislation and some which could be considered the moral obligations of an organization involving volunteers.

As a volunteer you indicate your agreement to the following statements by initialing each section:

1. Rights and Responsibilities

Initials _____

As a volunteer you have the right:

- To work in a healthy and safe environment
- To be interviewed and engaged in accordance with equal opportunity and anti-discrimination legislation and laws
- To have your confidential and personal information dealt with in accordance with the principles of the Privacy legislation and laws
- To be adequately covered by insurance
- To be given accurate and truthful information about the organization for which you are working
- To be reimbursed for out of pocket expenses
- To be given a copy of the organizations volunteer policy and any other policy that affects your work
- Not to fill a position previously held by a paid worker
- To have a job description and agreed working hours
- To be provided with orientation to the organization and sufficient training to do your job.

As a volunteer you have the following responsibilities:

- Be open and honest about their motivations and goals
- Understand what a job requires before accepting it
- Carry out their tasks efficiently and honestly
- Accept guidance and supervision from the person in charge of volunteers
- Participate in any training offered by the organization
- Respect confidentiality
- Be punctual and reliable
- Be accountable
- Adhere to the organization's policies and procedures
- Deal with complaints in the appropriate manner
- Ask for support when needed.

2. Health and Safety

Initials _____

I will ensure the safety, health and well-being of all volunteers, staff and clients, especially children, youth and older adults.

- I will do risk and hazard reviews before, during and after all activities.
- I will follow all legal and health and safety requirements established by the organizations I volunteer for.
- I will avoid any unnecessary risk to the safety, health and well-being of myself and others.

3. Personal Conduct

Initials _____

I will ensure that my personal conduct is, and is seen to be, of the highest standards.

- I will treat all people fairly and with respect and dignity.
- I will not attend volunteer activities under the influence of drugs or alcohol.
- I will not swear or use inappropriate language.
- I will always ask another person for permission before I touch them; I will only touch them on the hands, arms, shoulders or head and will always do it where others can see us. The only exception is in the case of a medical or safety emergency.
- I will respect everyone's right to personal privacy.
- I will follow the smoking policy of organizations I volunteer for.
- I will never be alone with a child or youth except in an emergency. I will ensure that any private conversations that I have with a child or youth will take place where we can be seen by others.
- I will not use my role in volunteering to have contact with people outside of volunteer activities, including social media.

4. Criminal Activities

Initials _____

I will avoid involvement in any criminal activities.

- I will report to authorities any form of illegal activities that I become aware of.
- I will notify Volunteer Connection if I face any new criminal charges during my time as a volunteer.
- I will not in any way behave sexually with children, youth or adults. This includes sexual jokes, language, names, touching, pornography, and exploitation.

5. Harassment and Abuse

Initials _____

I will not participate in any form of bullying, harassment, discrimination, physical or verbal abuse, neglect, intimidation or exploitation.

- I will not condone or tolerate harassment of any kind, and will support providing a safe and respectful work environment for all volunteers and clients.

6. Human Rights

Initials _____

I will comply with the Human Rights Code and carry out my duties without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, gender identity, gender expression, sexual orientation, age, marital status, family status or disability.

- I will use gender-neutral language where practical in all communications.

7. Personal Gains

Initials _____

I will not use my status as a volunteer to obtain personal gain from those doing or seeking to do business with organizations I volunteer for.

- I will not seek out nor accept gifts, payments, services, fees, special valuable privileges, pleasure or vacation trips, accommodations or loans from any person from any organization or group that does, or is seeking to do business with organizations I volunteer for.

8. Confidential Information

Initials _____

I agree to respect the privacy and dignity of Guests, donors, volunteers and staff.

- I will take reasonable care and caution to protect and maintain total confidentiality of information and documents relating to Guests, donors, volunteers and staff that are private and confidential in nature.
- I will not read records or discuss such information unless there is a legitimate purpose.
- Information about a Guest will not be shared with others unless disclosure is required by law, explicit permission has been secured from the person to do so, or unless the person is in danger of harming themselves or another.
- Exceptions are situations where the release of information is required by laws (child protection, domestic abuse, elder abuse) or with specific consent given by the Guest.

9. Conflict of Interest

Initials _____

I will disclose any conflicts of interest related to my role as volunteer which may arise when a person participates in a decision about a matter (including any contract or arrangement of employment, leasing, sale or provision of goods and services) which may benefit or be seen to benefit that person because of his/her direct or indirect monetary or financial interests affected by or involved in that matter.

In situations involving the assessment of relationships, individuals must consider whether the business or personal relationship would lead a reasonable observer to conclude that the relationship poses an unacceptable threat to the individual's objectivity and independence.

Please list any business or commercial affiliations you have material interests in:

Organization	Affiliation

10. Infractions.

Initials _____

I understand that depending upon the seriousness of an infraction, I will be given opportunities to correct the unwanted behavior and a progression of actions may be followed which could include:

- Coaching
- Warning
- Discipline
- Termination; or
- Criminal charges.

I hereby acknowledge, understand and agree to abide by this Code of Conduct while participating in all volunteer activities.

DISCLAIMER:

The participant, in submitting this registration form, chooses to participate in this program at his or her own risk. Community Connection accepts no liability for bodily injury, death or property damage, whether caused by negligence or by any other reason.

RELEASE:

The participant releases Community Connection, including their volunteers, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise.

The person submitting this form acknowledges having read and understood this disclaimer and release and having voluntarily signed to indicate acceptance of the terms above. I hereby release Community Connection from all claims for damages arising from any accidents or injury, which are caused by or arise from participation of the applicant named on this registration during any program or in any facility or at any location where a program is being held.

Print Name of Volunteer

Volunteer – Signature

Date

Community Connection Staff Signature

Date

References:

1. Ontario Occupational Health and Safety Act online at <https://www.labour.gov.on.ca/english/hs/pubs/ohsa/>;
2. Ontario Human Rights Code online at <http://www.ohrc.on.ca/en/guide-your-rights-and-responsibilities-under-human-rights-code-0>;
3. Ontario Freedom of Information and Protection of Privacy Act online at <https://www.ontario.ca/document/freedom-information-and-privacy-manual-0>;
4. Federal Privacy Act and Personal Information Protection and Electronics Documents Act online at https://www.priv.gc.ca/en/about-the-opc/publications/guide_ind/.