

INTERIM VOLUNTEER APPLICATION FORM

DATE: _____

Contact Information

First Name _____ Last Name: _____

What do you like to be called? _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact

Name: _____ Last Name: _____

Relation: _____ Phone Number: _____

Email: _____

Age:

14-18 18-24 25-40 41-54 55-64 65+

Languages

Spoken: _____

Written: _____

Volunteer Opportunity Interest

- 1 on 1 English Conversation Practice Program
- Seniors Program Volunteer
- Conversation Circle Lead/Assistant
- Online Programing Volunteer

Why do you want to volunteer at Immigrant Services?

Please list special skills/qualities/qualifications and experience:

For Office Use Only

Program Applied for: _____

Interview Date: _____ Approved? Yes No

Start Date: _____ End Date: _____

Police Check Rcvd: Yes No N/A



References: Please provide 2 references OR 1 letter of reference and 1 reference. Note that by filling the space below you consent for us to contact the person(s) you provide as references

<u>Name</u>	<u>Email Contact and Phone no.</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____

Police Check

Please note that we require a Police Vulnerable Sector Check for all volunteers. We will consider Police checks valid for 1 year after date of issue. Please do not apply for this until your recruitment process begins.

Confidentiality

All staff, board members, volunteers, and contract workers at **Immigrant Services Guelph-Wellington** are obligated to use this policy. By signing, you agree to abide by **IS-GW's** policy on confidentiality and privacy of information.

All employees, board members, and volunteers at **IS-GW** are obligated to treat as confidential all written and verbal information acquired during their work at **IS-GW**. This policy also protects the undersigned and provides him/her the right of privacy and confidentiality. This policy of confidentiality applies to all aspects of the Centre, including involvement with cultural communities, government departments, sponsors, non-profit organizations, and individuals using the Centre's services or conducting business with the Centre.

The undersigned will treat all written and verbal information acquired during their time as a volunteer as confidential and will keep confidential all aspects of the Centre's relationship with any government department, non-profit organization, sponsoring agency, or any other contact.

Full Name: _____

Date (day/month/year): _____

Signature: _____

Photo Release

With their permission, photos and videos of **Immigrant Services-Guelph Wellington** program participants, volunteers and clients may be taken in order to document and promote our future programs. These photos and videos may be used in future program brochures, flyers, photo displays, and on our website.

We will not release any names or give any other information out regarding the identification of individuals in the photo. This consent form is to obtain permission to use the photographic or video image of you, obtained during **Immigrant Services** programs, in our organization's promotional materials.

I hereby give permission for the image of myself to be used for future promotional purposes of the **Immigrant Services- Guelph Wellington**, and to be released for the above mentioned purposes.

Full Name: _____

Date (day/month/year): _____

Signature: _____



Email Consent

Immigrant Services Guelph-Wellington (IS-GW) wishes to send you electronic messages from time to time such as e-mails, attachments and electronic newsletters regarding our activities. However, under **Canada's anti-spam legislation (CASL)**, we cannot send you electronic communications unless we first have your permission to do so. Please tick off the appropriate box below stating whether you consent to us sending you electronic messages and material. **Yes** (unsubscribe anytime) **No**

Full Name: _____

Date (day/month/year): _____

Signature: _____

Online Program Waiver

Immigrant Services Guelph-Wellington (IS-GW) will be contacting you by means of Online tools like Zoom. In attending Online Programs, your name and image will be visible to ISGW staff, volunteers and clients. We request that you do not share the meeting links or passwords to anyone else. I hereby indemnify ISGW against all liability for any injury or health concerns arising while participating/volunteering in the online programs.

For Volunteers 18 years and above :

I agree and give my consent for the above.

Name: _____

Signature: _____

For Volunteers under 18 :

By e-signing this waiver, I give consent for _____ (first and last names of volunteers under 18) to participate and volunteer in IS-GW's online programs.

Name: _____

Relation: _____

Signature: _____

I agree that all of the above information is true to the best of my knowledge.

Signature: _____ Date: _____



FOR OFFICE USE ONLY

Notes:

