



**Seniors Come
Share Society**

Peers Reaching Out Volunteer Application Form

Helping Seniors Since 1977

Purposes and Extent

Seniors Come Share Society is collecting and retaining information for the purpose of assessing the needs and resources of the Peers Reaching Out (PRO) program, participants, you, the volunteer. The information on this application form is collected under the authority of the Freedom of Information and Protection of Privacy Act and will be used solely to determine eligibility and suitability for volunteer opportunities. Any medical information collected serves to authorize Seniors Come Share Society, its staff and volunteers, to obtain medical assistance in emergencies. If you have any questions, please call the PRO Coordinator of Volunteers (604) 531-9400 extension 207.

_____ Initial here that you agree and understand the above

A. Personal Information

First and Last Name: _____ Date: _____ (YYYY-MM-DD)

Street Address _____ City _____ Prov _____ PC _____

PH _____ Cell PH _____ Email _____

Date of Birth _____ (YYYY-MM-DD) Gender: M F Prefer not to disclose _____

Preferred method of contact: _____

Emergency Contact Name _____ Relationship _____

Street Address _____ City _____ Prov _____ PC _____

PH _____ Cell PH _____ Email _____

How did you hear about us? _____

Do you consent to receive communications from Seniors Come Share Society? Yes No

Are you willing to attend pertinent Orientation/Training sessions & seminars? Yes No

Can you commit to volunteering for the PRO program for one year? Yes No

Availability (identify specific times below)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
From							
To							

Current Health:

Good
 Fair
 Poor

We want to make sure our volunteers are safe and able to perform specific tasks. Therefore, please list any medical or physical conditions that may restrict your ability to perform certain tasks. **Any current illnesses, health conditions or allergies that we should be aware of?** Yes (if yes, details below) No

Ethnicity:

White Japanese
 Black Korean
 Indo-Canadian Hispanic
 Filipino Aboriginal/First Nations
 Chinese Other _____

Languages spoken:

<input type="checkbox"/> English	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Punjabi	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Hindi	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> French	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Mandarin	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Korean	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Japanese	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Spanish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Sto:lo/Halkomelem	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Sign language	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
<input type="checkbox"/> Other _____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic

Skills

Administrative
 Interpersonal/Communication
 Technical (computers, etc.)
 Team-player
 Creative/artistic
 Time management
 Problem-solving/adaptability
 Leadership
 Wellness/Fitness
 Healthcare/medical
 Other _____
 Other _____
 Other _____

Employment

Retired
 Part-time
 Fulltime
 Seeking employment

Education, Certification & Training

High School
 Some post-secondary
 Diploma _____
 Degree _____
 First Aid
 FOODSAFE
 Other _____
 Other _____
 Other _____

Occupation: _____

B. Personal Qualities

How would you describe yourself/personality?

What makes you interested in volunteering with the PRO program at Seniors Come Share Society?

Tell us about what you think you would bring to the program and organization.

C. References

Provide 2 work or volunteer-related references that you have known for more than 1 year below. Please do not including relatives, close friends or healthcare professionals. References will be contacted to ensure consistency of information and fit for the position.

1. Name _____ Relationship _____

Street Address _____ City _____ Prov _____ PC _____

PH _____ Cell PH _____ Email _____

2. Name _____ Relationship _____

Street Address _____ City _____ Prov _____ PC _____

PH _____ Cell PH _____ Email _____

D. Confidentiality Policy

All information concerning clients, former clients, volunteers and staff are confidential. Confidential means that you are free to talk about Seniors Come Share Society (SCSS), about your program and your position, but you are not permitted to disclose names or talk about individuals 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 SCSS, because in extreme cases, violations of this policy may result in personal liability.

Personal and other confidential information

Designated Seniors Come Share Society staff may release personal information if authorization has been given by the client, participant or volunteer, for the purposes of executing and performing a service, for program participation, emergency response and/or assessment for provision of services and/or admission to SCSS programs. Release of any personal information must meet applicable sections of the FIPPA (Freedom of Information and Protection of Privacy Act) or be requested through subpoena, court order or other legislation. Third parties requesting for personal information of SCSS client, participants, students, volunteer, staff, Board of Directors or committee members will be forwarded to the attention of the SCSS Executive Director.

Personal and other confidential information is not to be copied, transferred, verbally transmitted, printed, altered or used in any other way unless appropriate consent or authorization has been given in accordance with SCSS policies and procedures or legislative requirements. Personal information can be recorded in any format including forms, books, documents, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means.

Personal Information is defined as obtained and recorded information about an individual. Examples of personal information include but are not limited to the individual's:

- Name provided with home address, home telephone or cell phone number;
- race, national or ethnic origin, colour or religious beliefs or associations;
- age, sex, sexual orientation, marital status or family status;
- healthcare history including a physical or mental disability;
- educational, financial, criminal or employment history;
- personal views or opinions except if they are about someone else; and
- Anyone else's opinions about the individual.

Confidentiality Pledge

I am aware that, during the course of my volunteer position with Seniors Come Share Society that I may come across confidential and personal information as a result of carrying out my responsibilities. I understand that this information is critical to the operations of SCSS and may not be distributed or used outside of the organization or with individuals not associated with SCSS. In the event of my termination, I hereby agree that I will not utilize or exploit this information for my own personal gain, or share it with any other individual.

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

Signature of Applicant _____

Printed Name _____ Date _____

E. Release of Information & Declaration of Intent

In order to decide my suitability for volunteering with this organization, I hereby give the Seniors Come Share Society (SCSS) consent to verify the information provided by me in this application form, contact the references listed herein to obtain and verify any information that Seniors Come Share Society determines to be relevant to my application.

I understand that in order to ensure the safety of SCSS clients, participants, students, volunteers and staff, I will be asked to complete a Police Information Check, including a Vulnerable Sector Search in addition to this application. I therefore agree to complete a PIC, at no cost to me, and have it returned to Seniors Come Share Society as soon as possible.

I understand that if SCSS approves my volunteer application and at any time later determines at its discretion that I am not suitable for volunteer service at SCSS or for the volunteer position for which I am applying, they may terminate my volunteer position for any reason without advance notice.

If SCSS approves my application for a volunteer position, I will sign any documents that the organization requires and will at all times cooperate fully with the organization in the fulfillment of my duties. I will keep confidential all personal and other confidential information I encounter during my role as a volunteer.

If at any time I determine that for any reason I am unable to support or adhere to or follow the policies or procedures of SCSS I will inform the organization and will resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this application form is true and correct.

Signature of **Applicant** _____

Printed Name _____ Date _____

Signature of **Witness** _____

Printed Name _____ Date _____

Information received in this application form is confidential and is being gathered for the purposes of considering your application for a position with Seniors Come Share Society and for assessing potential opportunities (if any) may suit you in the future.

**Upon completion of this form, please return to Seniors Come Share Society.
Thank you for your interest in volunteering for the *Peers Reaching Out* program!**