# Volunteer Application

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| Contact & Personal Information | | | | | | | | | | | | | | | | | | | | | | |
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| Name: | |  | | | | | | | | |  | | | | | | |  | | | | |
|  | | *First* | | | | | | | | | *Middle* | | | | | | | *Last* | | | | |
| Date of Birth: | | | |  | | |  | |  | | | | Gender: | | Male | | | | ❒ | | | |
|  | | | | *yyyy* | | | *mm* | | *dd* | | | |  | | Female | | | | ❒ | | | |
| Street Address: | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | |  | | | |  | | | | |  | | | |  | |
| City: |  | | | | | | | Province: | | | |  | | | | | Postal Code: | | | |  | |
|  |  | | | |  | | |  | | | |  | | | | |  | | | |  | |
| Home Phone: | | |  | | | | | | | Cellular Phone: | | | |  | | | | | | | | |
|  | | |  | | | | | | |  | | | | | |  | | | | | | |
| Work Phone: | | |  | | | | | | | I prefer to receive calls at: | | | | ❒ Home  ❒ Work | | | | | | Best time to call: | | ❒ Days  ❒ Evenings |
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| E-Mail Address: | | | | | |  | | | | | | | | | | | | | | | | |

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| Availability | | |
| During which hours are you available for volunteer assignments? Please choose all that are applicable. | | |
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| ❒ Weekday mornings | ❒ Weekend mornings | ❒ Other – please specify: |
| ❒ Weekday afternoons | ❒ Weekend afternoons |  |
| ❒ Weekday evenings | ❒ Weekend evenings |  |
|  | | | |
| How often are you available for volunteer assignments? Please choose all that are applicable. | | |
| ❒ Once a week | ❒ Once a month | ❒ Casual/On-Call Basis |
| ❒ \_\_\_\_ shifts/week | ❒ \_\_\_\_ shifts/month | ❒ Special Events Only |
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| How long of a commitment are you prepared to make? Please note we expect volunteers to give us at minimum a 3 month commitment. | | |
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| Interests | | | |
| Tell us in which areas you are interested in volunteering. Please choose all that are applicable. | | | |
| ❒ Resident Companionship | | ❒ Maintenance/Handyman | ❒ Special Events |
| ❒ Cooking Meals | | ❒ Spring/Fall Clean-up | ❒ Data Entry |
| ❒ Run Errands | | ❒ Birdfeeder/Wildlife feeding | ❒ Fundraising |
| ❒ Bereavement Follow-up | | ❒ Grocery Shopping | ❒ Stuff Envelopes |
|  | | ❒ Yard Work | ❒ Phone Calls |
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| ❒ Other: *(please specify)* |  | | |

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| Special Skills or Qualifications |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. What skills and training do you think you could share with us at Jocelyn House? |
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## Do you have access to a vehicle? Do you drive? If yes, please provide your driver’s license number:

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| Previous Volunteer Experience |
| Summarize your previous volunteer experience. Where did you volunteer? What did you do? What did you like about your previous experience? What did you dislike about it? |
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| Expectations |
| What are your reasons for wanting to volunteer at Jocelyn House and what would you like to achieve, learn or accomplish from this experience? Please also describe the activities that you would like to undertake here at Jocelyn House if it wasn’t included in the choices on the first page. |
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## Have you experienced the death of a family member or close personal friend? ❒ Yes ❒ No

## If yes, did this happen in the last eighteen (18) months? ❒ Yes ❒ No

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| Education | | | |
| Formal education is not required to be a volunteer. We welcome experience of all kinds. Please fill out this information so we can better get to know you. | | | |
|  | Name of School | Course of Study | Start/End Dates |
| High School |  |  |  |
| Post Secondary – College/University |  |  |  |
| Professional Training |  |  |  |
| Trade or Business |  |  |  |
| Other |  |  |  |
| Are you receiving credit for your volunteer work? ❒ Yes ❒ No  Required # of hours: hours/❒ week ❒ month by what date: | | | |

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| Employment History | | | | |
| Company Name | Your Job Title | From  (mm/yy) | To  (mm/yy) | Status  (full or part-time, retired) |
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| Person to Notify in Case of Emergency | |
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| Name: |  |
| Relationship to You: |  |
| Home Phone: |  |
| Work Phone: |  |
| Cellular Phone: |  |
| Street Address, City, Prov: |  |
| E-Mail Address: |  |

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| Health Information |
| Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement. |
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| References | |
| Please list three (3) references – past or present employers, volunteer coordinators, teachers/instructors, pastors, youth group leaders, colleagues, etc. We do not accept family members or personal friends as references unless you are employed by them. We do accept signed reference letters that are current, within six (6) months, and on the organization’s letterhead. Anyone under the age of eighteen (18) must have their parent/legal guardian fill out the permission section on the last page of this application form. | |
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| **Reference 1:** | |
| Name |  |
| Title & Company |  |
| Street Address |  |
| City, Province, Postal Code |  |
| Home/Cellular Phone |  |
| Work Phone |  |
| E-Mail Address |  |
|  | |
| **Reference 2:** | |
| Name |  |
| Title & Company |  |
| Street Address |  |
| City, Province, Postal Code |  |
| Home/Cellular Phone |  |
| Work Phone |  |
| E-Mail Address |  |
|  | |
| **Reference 3:** | |
| Name |  |
| Title & Company |  |
| Street Address |  |
| City, Province, Postal Code |  |
| Home/Cellular Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| Parent/Guardian Contact Information | |
| If volunteer applicant is under the age of eighteen (18) years, please provide us with the following information and ensure that the parent or guardian listed below provides their signature with the applicant after the agreement. | |
| Name |  |
| Address |  |
| Home/Cellular Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| Agreement and Signature | | |
| *By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I hereby authorize Jocelyn House Inc. to contact the named references to ascertain my suitability as a volunteer. I hereby release Jocelyn House Inc. from all liability for any damage whatsoever for issuing same. I further authorize Jocelyn House Inc. to maintain this information in their records using it for their purpose.*  ***Disclaimer:*** *It is the policy of this organization to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants who do not meet our current needs, requirements and/or placement criteria.*  *As a Volunteer, I understand that my photograph may be taken during volunteer activities. These photographs are used for various purposes such as newsletters, public relations, promotions and/or newspaper articles. I hereby give Jocelyn House Inc. the absolute right and permission to copyright and/or publicize, or use photographic portraits or pictures of me, or videotaped images in which I may be included in whole or in part for their use of advertising, art, trade, and any other lawful purpose whatsoever.*  *I understand that Jocelyn House Inc. does not carry or maintain health, medical, or disability insurance coverage for any volunteer. I am aware that I am expected and encouraged to arrive with medical or health insurance coverage in effect.*  *I have read, understand and agree to adhere to the Jocelyn House Confidentiality and Respectful Workplace Policies as outlined in the attachments to this application.* | | |
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| Applicant Name (printed) |  | |
| Applicant Signature |  | |
| Date |  | |
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| Acknowledgement of Parent/Guardian Awareness | | |
| **For Applicants under the age of eighteen (18) years, the signature of the parent/guardian listed in this application must be present below before application will be processed.**  *As the parent/guardian of this applicant, I hereby give permission for , to volunteer at Jocelyn House Inc. I have read, understand and agree to all the policies and procedures outlined in this application and its attachments. I understand and encourage that on occasion, that I may be contacted regarding volunteer services related to this volunteer applicant, while they are under the age of eighteen (18) years.* | | |
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| Parent/Guardian Name (printed) | |  |
| Parent/Guardian Signature | |  |
| Date | |  |

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| Our Policy – Volunteer Screening |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. It is the policy of this organization to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants who do not meet our current needs, requirements and/or placement criteria.  Thank you for completing this application form and for your interest in volunteering with us. |

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| Our Policy – Respectful Workplace |
| **POLICY**  1. Jocelyn House is committed to:   * providing a work environment that is free of harassment and discrimination, * treating all current and potential employees and volunteers fairly, * maintaining a work environment will treat all stakeholders, including employees and volunteers, with respect and in a fair and equitable manner.   2. Jocelyn House will endeavour to provide a work environment that encourages problem-solving, conflict resolution and employee input for decision making when those decisions directly affect the individual’s duties.  3. It is expected that all employees and volunteers will demonstrate respectful relationships with all stakeholders and abide by the *Code of Conduct*. This includes all employees and volunteers.  4. a) Adherence to this Policy and the *Code of Conduct* will form a component of the employee performance appraisal. Violation of this policy by employees will be addressed as performance concern and may include progressive discipline.  b) Volunteers in violation of this policy will meet with the Office Manager. If issues continue, the volunteer may be requested to discontinue service at Jocelyn House.  **DEFINITION**  **Poisoned Environment** – form of discrimination. It may be created by comments or actions of any person regardless of her/his position or status. These offensive, negative or untrue comments spoil the work environment and are a violation of the right to be free from discrimination.  **Responsibility for the Workplace**   1. The responsibility for creating and maintaining a respectful workplace rests with all employees and volunteers at Jocelyn House. 2. Volunteers and all employees are expected to recognize and refrain from those actions that offend, embarrass, or humiliate or humiliate others whether intentional or deliberate. 3. Management has an ongoing responsibility to respond immediately to stop any activity which undermines this policy, whether or not there has been a complaint. 4. Employees have an equal responsibility not to be frivolous or vindictive in making any accusations. 5. If a conflict arises, Jocelyn House holds the expectation for the persons involved to engage in conflict resolution.   **Guidelines**   1. All concerns about discrimination and harassment shall be dealt with in a confidential manner to the extent that confidentiality can be maintained. Disclosure may be necessary for an investigation or taking disciplinary action. 2. Jocelyn House strictly prohibits retaliation against anyone who has lodged a complaint or assisted in any manner an investigation concerning allegations of discrimination or harassment. 3. The Employee’s supervisor is responsible to conduct a fair investigation if harassment/ discrimination occurred and to determine appropriate and satisfactory resolution to the investigation. The employee, who has brought the complaint forward, will be provided a written summary with respect to the conclusion of the investigation. 4. If an employee is found to behave in an inappropriate, management will determine a satisfactory resolution which may include but not be limited to counseling, education, verbal or written warning, suspension or dismissal. 5. Any individual or individuals who deliberately make false accusations regarding harassment, or discrimination against another employee will be dealt with in a disciplinary manner, up to and including dismissal.   **Complaint Procedure**  Employees who believe they have been subjected to discrimination or harassment should:   1. Immediately make their disapproval and/or unease known to the person responsible for the action, if the person responsible can be identified. 2. If the activity or behavior does not stop after the person has been approached or if you choose no to confront the person responsible, speak to the management and confirm your conversation in a letter. 3. Keep a record of the dates, times, nature of incidences and any witnesses to these events.   **Management will take the following steps:**   1. Assure the complainant that an objective investigation of the complaint will take place immediately. 2. Advise the person alleged to be responsible that a complaint has been lodged. 3. Interview the complainant and the person(s) alleged to be responsible as soon as possible. 4. Interview any witnesses. 5. Document the situation clearly and completely. 6. Render a decision as soon as possible and advise both parties of the action to be taken. 7. Determine if the board needs to be notified and/or participate in the investigation to determine outcome. The Employee’s supervisor will forward all relevant information as soon as possible to the chair/co-chairs of the Jocelyn Board of Directors. 8. Ensure that all information remains confidential. 9. Keep a record of the complaint in the complainant’s file if it was determined that the complaint was frivolous or vexatious. Records related to frivolous/vexatious complaints shall b removed from the respondent’s file and any reference identifying the respondent shall be removed from the complainant’s file.   **Appendix 1 - Code of Conduct**  All staff & volunteers are expected to abide by the following:   1. Respectful interpersonal relationships that support teamwork and a harmonious environment for residents and any person entering into Jocelyn House. 2. Honesty in actions and statements. 3. Avoidance of gossiping as this is deemed to be a violation of people’s privacy and is deemed to be a form of aggression. 4. Participation in conflict resolution and problem solving for identification and resolution of issues. 5. Discussion of issues in an area that permits privacy, and not in common spaces such as dining room, living room, hallways or family room. 6. Establishment of therapeutic relationships and maintaining of professional with residents and families (i.e. no discussion of personal issues with residents and families). 7. Utilization of the established lines of communication and responsibility.   **Conflict Resolution**   1. The person should approach the second person with the concern. 2. The person should state the concern and state what action they would like to see happen. 3. If the situation is not resolved, the person should inform the second person, they wish to have a meeting with a third party of their choice to resolve the issue. A report shall be given to the Employee’s supervisor of the outcome. 4. If the issue remains unresolved, the third party shall notify the Employee’s supervisor and submit documentation of concern and unresolved issues. The Employee’s supervisor shall meet with all parties and assist in resolving the issues.   **I have read, understood, and agree to abide by the Code of Conduct.**   |  |  |  | | --- | --- | --- | |  |  |  | | Signature |  | Date | |

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| Our Policy – Confidentiality |
| **PURPOSE**   1. Jocelyn House has a moral and legal responsibility to respect and protect the privacy of its patients, its employees and those regularly associated with Jocelyn House. 2. Jocelyn House, as an employer, retains the right to determine circumstances in which information shall be deemed confidential. 3. All employees, volunteers and those persons regularly associated with Jocelyn House are responsible for maintaining the security of all confidential information, (oral, written or computerized) accessed, handled or viewed in the course of one’s work. Communication of, or access to such information, is acceptable only in the discharge of one’s duties and responsibilities. Discussion shall not take place in public places (elevators, lobbies, cafeterias, off premises, etc.) or in the presence of persons not entitled to such information.   **DEFINITIONS**  Confidentiality extends to all information not readily available to the public or which would expose Jocelyn House to charges of breach of trust including, information regarding: patients, employees and business affairs of Jocelyn House. This information would include material which may not be considered important at the time.  **Regarding patients:**   1. The nature of the patients’ illness, its course, its treatment and any other information disclosed by the patient. 2. All information learned from or observed, regarding the patient, including conduct or behavior which may be a result of illness or the effect of treatment. 3. The patients demographic which information, financial position, home conditions, domestic difficulties or any other private matters relating to the patient which have been disclosed to staff.   **Regarding Employees & Volunteers** (and others normally associated with Jocelyn House):   1. The employees’ salary, work history, performance, attendance, etc. 2. Any information learned regarding the employee such as medical history, attendance at Employee Assistance Programs, home conditions, financial situation, demographics, domestic difficulties or any other private matters, which have been disclosed to staff in the course of business.   **Regarding the Employer:**  Any information learned regarding the business affairs of Jocelyn House, which has not been authorized for release. This would include all operational and financial information.  **PROCEDURE**   1. All employees of Jocelyn House, as a condition of employment, must sign a Pledge of Confidentially. Subsequent breach of the policy may result in termination of employment. The Pledge document will be issued to the employee accompanying the letter of offer of employment. It is the responsibility of the Jocelyn House Board of Directors to ensure the signing of the pledge document and to place it in the employees’ permanent record of employment file. 2. All volunteers, as a condition of participating in the Volunteer Program, must sign a Pledge of Confidentiality. Subsequently breach of the policy may result in termination from the volunteer program. A copy must be placed in the permanent record for the volunteer. 3. All students, including residents and interns, as a condition of registering at Jocelyn House must sign a Pledge of Confidentiality. 4. All contracted individuals, as a condition of acceptance of the contract, will be required to sign a Pledge of Confidentiality.   **PLEDGE OF CONFIDENTIALITY**  I, the undersigned, have read and understand the content of Jocelyn House Inc. policy on Confidentiality. I have been given pertinent information contained in *The Personal Health Information Act* (PHIA) and understand my obligations under this act. I also acknowledge that I am aware of and understand the Corporate Policies of Jocelyn House Inc. regarding the security of personal health information including the policies relating to the collection, use, disclosure, storage and destruction of personal health information.  In consideration of my employment or association with Jocelyn House Inc., and as an integral part of the terms and conditions of my employment or association, I hereby agree, pledge and undertake that I will not at any time, during my employment or association, or following a termination thereof, divulge to any person(s) within or outside Jocelyn House Inc., any confidential information. Confidential information shall be construed to include private information concerning either residents, staff or the business affairs of Jocelyn House Inc. which may come to my knowledge or attention in the course of my employment or association and which I shall not be required to communicate or divulge in the course of my duties or responsibilities and in accordance with Jocelyn House Inc. policy regarding proper release of the information.  I also understand that unauthorized disclosure of such information may result in immediate termination of my employment/contract/association.    Signature of Applicant Date Signed    Witness Date Signed |