

Port Cares Volunteer Application Form

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Are you over 18 years old? _____ Resume Attached Yes _____ No _____

For your own protection, please list any medical conditions that Port Cares should be aware of such as diabetes, epilepsy, asthma (is an inhaler required), anaphylactic reactions (is an epi-pen required).

I will not hold PORT CARES or its staff responsible for injuries sustained during my volunteer position. Volunteer agrees to assume all risk and responsibility involved with volunteer's participation. Initial: _____

Please complete in full who should be contacted in the event of an emergency.

Name _____

Address _____

Phone Number _____ Relationship _____

Areas of Interest (please check off all that apply)

Food Bank—Store	_____	Ontario Early Years Centre	_____
Food Bank—Warehouse	_____	Charity Auction	_____
Driving/Deliveries	_____	Special Events	_____
Meal Program	_____	50/50 Draws	_____
Community Programs	_____	Administrative Assistance	_____
Community Garden	_____	General	_____

Do you wish to volunteer on a regular basis?

(We require a commitment of 1- 3 hour shift per week)

Yes _____ No _____

Are you available to volunteer on an on-call basis?

Yes _____ No _____

Please indicate preferred days/hours.

09:00AM - 12:00PM

12:00PM - 4:00PM

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

*For volunteers assisting in the foodbank shift, times are 12:30 – 3:30 Monday, Wednesday and Thursday

Would you be willing to volunteer during special events, i.e. 50/50 Draws (Sundays) and/or November Food Drive?

Yes _____ No _____

Do you have any professional and/or personal skills or background experience that you think may be of assistance in your volunteer role?

Are you available to take part in any training offered by Port Cares to familiarize yourself with our programs?

Yes _____ No _____

Would you be willing to work in different areas of the agency as needed?

Yes _____ No _____

If Yes, please list: _____

Are you able to do any heavy lifting (40lbs)?

Yes _____ No _____

Port Cares requires all volunteers to adhere to an Agreement of Confidentiality.

Do you agree to sign an Agreement of Confidentiality with respect to your volunteer duties at Port Cares?

Yes _____ No _____

Are you willing to be subject to a police check?

Yes _____ No _____

*Please note that you will be required to have a vulnerable sector police check if you are working with children, youth, or vulnerable adults. You will be responsible for providing your own police check when required. Initial: _____

I understand that personal information on the forms I have completed, which includes; name, address, telephone number, and personal references is being collected under the authority of the police services act and the freedom of information act. The information will be used to determine my suitability as a volunteer and assess suitability for available volunteer opportunities.

I further understand that the above information may not form the sole basis for a decision and that information garnered through other inquiries may also be considered.

I also certify that, to the best of my knowledge and belief, all statements made on this form are true and are subject to verification. I understand that any incorrect statement may disqualify me from further consideration as a volunteer, or cause the discontinuance of my participation if already a volunteer.

Print Name _____ Date _____

Signature _____

Signature of Parent/Guardian if Under 18 _____

Date _____

Please return completed application to:

Port Cares
Attn: Volunteer Coordinator
92 Charlotte Street
Port Colborne, ON L3K 5V7
Phone: 905 834-3629 ext. 264
Fax: 905 835-6600
volunteers@portcares.ca



Agreement of Confidentiality/ Consent Form for Use of Photographs, Videos, and Testimonials

To be signed by all staff members and volunteers:

I, _____, the undersigned staff, volunteer of the Port Colborne Community Association for Resource Extension (Port Cares), agree and undertake to hold confidential all information learned by me in the course of my position now and after I no longer hold this position.

I, _____, respect the confidentiality of program participants, clients and staff. I realize that consent slips are required before discussion with other Port Cares programs and/or community agencies may occur.

Signature _____ Print Name _____

Date _____

Signature of Parent/Guardian if Under 18 _____

Date _____

As an volunteer of Port Cares, I understand that from time to time I may be asked to participate in having my photo taken or in being included in a video relating to some aspect of Port Cares and its activities or providing written testimonials. I hereby give my consent for such photographs/ videos and testimonials to be taken for Port Cares promotional purposes only.

These photographs /videos and testimonials may be used in pamphlets, newspapers and public displays which the agency may choose for the promotion of its services and events.

I release Port Cares from any liability in connection with the use of these photographs/ videos and testimonials for the purpose herein described.

Signature _____ Print Name _____

Date _____

Signature of Parent/Guardian if Under 18 _____

Date _____