

Port Cares Volunteer Application Form



Please submit your completed application to Port Cares at 92 Charlotte Street or 61 Nickel Street, Port Colborne or by e-mail to volunteers@portcares.ca

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Preferred Method of Communication (please circle one): Phone E-mail

What option best describes you? (please circle one):

Employed Retired Seeking Employment Student Other

Why do you want to volunteer with Port Cares?

Please select the volunteer opportunities that you are most interested in:

Food Bank—Store	_____	Community Programs	_____
Food Bank—Warehouse	_____	EarlyON Family & Child Centre	_____
Meal Program	_____	Special Events	_____
Driving/Deliveries	_____	Administrative Assistance	_____
Community Garden	_____	General	_____

I am interested in volunteering for a:

Short-term basis (one day, up to 3 months) _____ Longer-term basis (6 months – 1 year or more) _____

Occasional (project work, as needed) _____ Regularly (weekly or a few times a month) _____

Availability:

Weekday Mornings _____ Weekday Afternoons _____

Evenings _____ Weekends _____

Open/changing schedule _____ Other: _____

Transportation: I have

Access to a vehicle _____ No transportation _____ Access to Public Transit _____

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

Yes _____ No _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

How did you hear about the volunteer program at Port Cares?

Public Event _____ Another Volunteer _____ Internet _____
Staff Member _____ School _____ Poster/Flyer _____
Friend/Relative _____ Radio/Newspaper _____

Have you previously volunteered with Port Cares? Yes _____ No _____

Have you previously worked at Port Cares? Yes _____ No _____

What training, qualifications or experience do you have that may assist you in this role?

Have you ever been convicted of a criminal offense for which you have not received a pardon?

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, and fees for such, when required.

Initial: _____

Volunteer Waiver: I grant Port Cares permission to use any photographs or videotape images of me taken in the course of my involvement, and to use my name, image, comment(s) and information regarding my volunteer role, activities, affiliation and city of residence for the organization’s purposes in any media and territory in perpetuity. I waive and release any and all claims for myself, my heirs, executors and administrators against Port Cares and any other sponsor or organization involved, from any and all claims or liability for death, personal injury or property damage of any kind however caused, including any claim or liability arising from the negligence of Port Cares, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release and Waiver extends to all claims, foreseen or unforeseen, known or unknown. During the continuance of my volunteer placement or any time after the termination thereof, I agree to keep confidential and not without the express written consent of Port Cares disclose to any person or organization any donor, volunteer, financial, business or other proprietary or private information of Port Cares which I may have acquired during the course of my volunteer or intern placement.

(17 years and younger) I understand that before becoming an active volunteer, I must submit a waiver signed by my parent/guardian.

(18 years and older) I have read and understood the waiver and am legally able to sign it.

I 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 _____

The personal information on this form is being collected and stored in accordance with The Federal Personal Information Protection and Electronic Documents Act (PIPEDA); The Personal Health Information Protection Act (PHIPA) of Ontario; Ontario’s Freedom of Information and Protection of Privacy Act (FIPPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used to determine suitability as a volunteer and assess suitability for available volunteer opportunities.

Questions about this collection should be directed to Port Cares Privacy Officer at 92 Charlotte Street, Port Colborne, ON, L3K 3E1 or 905 834-3629.