



Volunteer Application Form

Child Advocacy Centre Niagara's vision is to help victims become children again. Our mission is to serve victimized children.

CONTACT INFORMATION										
Last name			First name				Initial(s)		Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Mailing address										
City							Province		Postal code	
Email address					Home phone number			Alternate phone number		
INDICATE AVAILABILITY BELOW										
Day	Monday		Tuesday		Wednesday		Thursday		Friday	
Time	Start	End	Start	End	Start	End	Start	End	Start	End
YOUR RELATIONSHIP TO CHILD ADVOCACY CENTRE NIAGARA										
Why do you want to volunteer for Child Advocacy Centre Niagara?										
How did you hear about Child Advocacy Centre Niagara?										
<input type="checkbox"/> Media <input type="checkbox"/> CACN website <input type="checkbox"/> Volunteer referral agency <input type="checkbox"/> At a special event <input type="checkbox"/> Other:										
<input type="checkbox"/> Referral If you were referred, who referred you?										
Name:			Phone number:			Email address:				
QUALIFICATIONS & SKILLS										
What skills would you like to use in a volunteer role with us?										
<input type="checkbox"/> Accounting/bookkeeping <input type="checkbox"/> General office/reception <input type="checkbox"/> Volunteer development/coordination										
<input type="checkbox"/> Fundraising <input type="checkbox"/> Driving/transportation <input type="checkbox"/> Computer: Keyboarding/data entry										
<input type="checkbox"/> Spreading awareness <input type="checkbox"/> Event planning/committee work <input type="checkbox"/> Computer: Web design										
<input type="checkbox"/> Other:										
LANGUAGES										
			Read		Write		Speak			
English			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
French			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: 1.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VOLUNTEER & WORK EXPERIENCE

Organization	Position and description of work performed	Duration
1.		Start: End:
2.		Start: End:
3.		Start: End:

REFERENCES**please limit personal references to one*

Name	Phone number	Email address	Relationship to you
1.			
2.			
3.			

BACKGROUND CHECK**please read carefully*

Have you ever been convicted of a criminal offense, for which a pardon has not been granted? Yes No

By my signature, I authorize Child Advocacy Centre Niagara to conduct:

- A background check of my references
- A police check, including vulnerable sector screening

Signature: _____ Date: _____

CONDITIONS OF VOLUNTEER PLACEMENT**please read carefully*

1. I acknowledge that I am not an employee of Child Advocacy Centre Niagara and that any duties I perform are as a volunteer.
2. I agree to abide by the policies and procedures set forth by Child Advocacy Centre Niagara for my assigned duties.
3. I will be punctual and carry out my duties to the best of my abilities.
4. I will notify my supervisor of any necessary absence from my services as far in advance as possible.
5. I agree to hold in strict confidence any confidential information that I may come in contact with in my role as a volunteer, including but not limited to client, social, medical, and financial information.
6. I understand that it is my responsibility to update any address, emergency, or other changes to the information on this form.
7. I understand that all of my information, personal or otherwise, collected by Child Advocacy Centre Niagara during the term of my volunteer placement may be viewed by supervising managers within Child Advocacy Centre Niagara in considering me for a volunteer position.
8. I understand that Child Advocacy Centre Niagara reserves the right to refuse placement.

I hereby release Child Advocacy Centre Niagara, its staff, Board, donors, sponsors, and volunteers from all claims in respect to death, injury, loss, or damage to my person or property arising from participation in programs, activities sponsored by Child Advocacy Centre Niagara, or participation in activities for Child Advocacy Centre Niagara as an active participant or spectator

I give Child Advocacy Centre Niagara permission to obtain or release information pertaining to my volunteer work for the purpose of a reference.

Yes No

By my signature below, I acknowledge all of the information contained in this application is true and that misrepresentation of any part of this application may be just and sufficient cause for termination of my volunteer placement. I have read and agree to adhere to the foregoing conditions of volunteer engagement as outlined.

Signature: _____ Date: _____

Interviewer (witness): _____ Date: _____

Parent/guardian signature: _____ Date: _____

**the parent/guardian is only required to sign for youth under 16 years of age*