

THE SPEC ASSOCIATION FOR CHILDREN & FAMILIES

S P E C

SUPPORT • PREVENT • EDUCATE • COUNSEL

101, 327 - 3rd Street West, Brooks, Alberta T1R 0E7
Phone (403) 362-5056 Fax (403) 362-5090

...serving children and families since 1978

VOLUNTEER APPLICATION FORM

APPLICANT INFORMATION

_____ NAME	_____ DATE OF BIRTH (M/D/Y)	_____ AGE	_____ GENDER
_____ FULL MAILING ADDRESS	_____ CITY/TOWN	_____ POSTAL CODE	
_____ HOME PHONE NUMBER	_____ WORK PHONE NUMBER	_____ CELL PHONE NUMBER	
_____ EMAIL ADDRESS	_____ MARITAL STATUS		
_____ CURRENT OCCUPATION	_____ JOB TITLE		
_____ EMERGENCY CONTACT NAME	_____ RELATIONSHIP TO APPLICANT	_____ HOME PHONE NUMBER	

VOLUNTEER OPPORTUNITIES

How would you like to volunteer within The SPEC Association? (please check all that apply)

General Volunteer

- Events
- Fundraisers
- Construction, Renovating
- Other: _____

Boys & Girls Club

- After School Program
- Mentors for Youth Mentor
- Advisory Group (Parent/Youth)

parentLINKcentre

- Program Activities
- Advisory Group

When are you available to Volunteer? (please circle and specify times you are available)

Monday time:	Tuesday time:	Wednesday time:	Thursday time:	Friday time:
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Why do you want to volunteer with The SPEC Association for Children and Families?

How did you hear about our programs?

Due to the nature of your involvement with the children attending mentoring activities, we require our volunteers to be thoroughly screened. Please provide us with names, complete addresses, and telephone numbers of three local people who can provide us with a reference.

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

I, _____, hereby authorize SPEC to contact the above listed references.

CONFIDENTIALITY POLICY

The nature of the matters normally brought to the attention of The SPEC Association for Children and Families often involve the most personal and intimate aspects of our clients, staff and volunteers lives. When this information is shared, it is with the understanding that it will be confidential and not subject to misuse.

When there is a concern regarding child abuse or neglect, the appropriate coordinator/supervisor must be consulted. The proper authorities will be informed as required by law, which may result in the disclosure of confidential information.

AFFIRMATION OF CONFIDENTIALITY

I, _____, will execute according to the policy of the Association and to the best of my ability, the duties required of me as a volunteer of The SPEC Association for Children and Families. I will not, without due authorization, disclose or make known any matter which comes to my knowledge by reason of my involvement with the Association.

I understand that contravention of this policy could result in dismissal from the program.

This affirmation is not limited in time and remains in effect always.

Signature of Volunteer

Date

Signature of SPEC staff member

Date

Title of staff member

CRIMINAL RECORD RELEASE AGREEMENT

(Please take this form to SPEC to have signed then to your local RCMP Department to have a criminal record check completed)

_____, is a volunteer with The SPEC Association for Children and Families. The agency require they undertake a criminal record check and vulnerable sector check and confirm with any police agency the details of any convictions which may have been made against him/her for any offence under any federal or provincial legislation as well as for any charge which may be outstanding against him/her under such legislation or any pardons that have been granted.

Signature of Volunteer

Date

Signature/Title of SPEC staff member

Date

CHILD AND YOUTH INFORMATION MODULE

Although there is no form for this procedure, it is mandatory for all mentors to obtain a **Child and Youth Information Module** (CYIM check). This can be done by going to the offices of SOUTHEAST ALBERTA CHILD and FAMILY SERVICES located at 100 - 600 Cassils Road East.