



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

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: _____

parentLINKcentre

- Kids Club
- Advisory Group

Connections LRP

- Program Activities
- Advisory Group (Parent/Youth)

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

Monday
time:

Tuesday
time:

Wednesday
time:

Thursday
time:

Friday
time:

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 our organization we require our volunteers to be thoroughly screened. Please provide us with names, complete addresses, and telephone numbers of three 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.

AFFIRMATION OF CONFIDENTIALITY AND NON-DISCLOSURE

As an employee, volunteer or consultant of The SPEC Association for Children and Families I will have access to, and knowledge of, privileged, private information related to the Agency, it's Representatives and persons served. By signing below, I affirm that I will not make known or disclose in any way this information to any person without written signed authorization.

I confirm that this agreement shall remain in effect during my time as an employee, volunteer or consultant and shall continue after the termination of employment, volunteering or consulting for any reason whatsoever, for cause or otherwise.

I also acknowledge, that in addition to any other remedies The SPEC Association may have in law, that a breach of this agreement shall constitute cause for termination of any relationship I have with The SPEC Association.

At no time shall a person served be publicly identified as falling under the provisions of any government act.

By signing this document, I _____ affirm to protect the confidentiality of all professionally and personally acquired information relating to persons served, co-workers, colleagues, volunteers and the agency. Such information will only be disclosed when properly authorized by the individual or representative or when obligated legally or professionally to do so (as per SPEC Confidentiality policy)

Print Name: _____ Signature: _____

Witness Name: _____ Witness Signature: _____

Dated this ____ day of _____ 20__

WHAT IS CONFIDENTIAL INFORMATION?

1. **In addition** to all information relevant to Persons Served, SPEC's **Affirmation of Confidentiality and Non-Disclosure** protects, but is not limited to, the following:

- a. **All SPEC staff, Board members, volunteers and their families (aka Representatives)**
 - Any opinions about other individuals employed by SPEC and their families
 - Any staff view points or opinions
 - Personal Information of representatives and their families.
 - Where the employee lives
 - Any information on the staffs race, nationality, sexual orientation or religious views
 - Discipline action
 - Employment and wage reviews
- b. **All meetings and discussions in SPEC**
 - All business and personal discussions
 - All meetings in SPEC
 - All phone call discussions - business and personal
- c. **Contractual relationships (i.e. Proposals and Negotiations)**
 - Any opinions, discussions on contractual relationships from other representatives
 - Conflict resolution
 - Mediation
 - Any and all proposals written, granted and not granted
- d. **Documents**
 - All E-mails private or business
 - Personal messages or business documents
 - Any information obtained from an individual's desk or mail box

2. **Identification of confidential information:**

Confidential Information that is disclosed anywhere in the community, to family members, friends and other agency staff through materials, verb executions, computer systems and phones.

3. **Exceptions to Confidential Information**

Confidentiality is one of the most important aspects of SPEC as a whole. Verbal or material information is never to be disclosed outside of SPEC whether employed or after employment with SPEC. As SPEC is a respected and trusting environment with many discussions and confidential issues, this confidential agreement is in place for a life time.

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.