

Shelter Volunteer APPLICATION

- ✓ Volunteer Application
- ✓ Respect and Confidentiality Agreement
- ✓ Consent to Search and Disclosure of Personal Information
(Kelowna RCMP)
- ✓ TWO COPIES of Photocopied Identification

Procedure for Submission

Return completed applications to:

Inn from the Cold - Kelowna
Address: 1180 Hartwick St., Kelowna, BC, V1Y 3P3
ATTN: Volunteer & Shelter Coordinator
Email: info@innfromthecoldkelowna.org
Phone: 250.448.6403

Canadian Legislation Bill C45 dictates that "Inn from the Cold - Kelowna" take a proactive measure in screening potential applicants for any role within an "organization"

This is to foster heightened levels of safety and security for all volunteers, employees and clients working with the "Inn from the Cold - Kelowna" Program.

Personal Information

Name Ms Miss Mrs Mr Dr

_____ First Last Middle Initial
Address _____

City _____ Province _____ Postal Code _____

Birth date _____

Phone Numbers _____ Home Work
_____ Cell

E-mail _____

What is the best way to contact you?

What is the best time of day to contact you?

Are there any medical conditions that we need to be aware of?

Emergency contact name _____ Phone Number _____
Relationship _____

Skills and Volunteer Interests

You are applying for a volunteer position of Shelter Volunteer. We have various shifts and duties available. Please check any of the following areas of shifts you are interested in.

- Shelter set up (8:30pm – 9:30pm)
- Overnight Stay (sleeping) (9pm – 6am)
- Evening Reception and Intake (6pm – 9pm)
- Morning Clean up (6am – 8:30am weekdays; 7am – 9am weekends)
- Food / refreshments, snacks (8:30pm – 9:30pm)
- Other (Please Specify) _____

Do you have any special skills or education that would be helpful in carrying out these volunteer activities?

Languages you speak and/or write:

What days of the week are you available and at what times of the day/evening/weekend?

Day(s): _____ Times: _____

For all Volunteers:

Do you have a First Aid certificate? If so, when did you last renew it?

Yes. Date of issue / last renewal date: _____

No, don't have one. Would you be willing to get a First Aid certificate if needed? Yes No

For Food Volunteers:

Do you have a Food Safe certificate? If so, when did you last renew it?

Yes. Date of issue / last renewal date: _____

No, don't have one. Would you be willing to get a First Aid certificate if needed? Yes No

Experience

What is your current occupation? _____

Please list some organizations you've volunteered with for more than a 6 month time period.

Position _____ Organization _____
Duties _____

Position _____ Organization _____
Duties _____

References

Please list two non-family references that we may contact

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Why do you want to volunteer with the Inn from the Cold- Kelowna Programs?

How did you hear about Inn from the Cold – Kelowna Programs?

I hereby certify that all information I have provided is true and complete to this date and I will disclose any new information relevant to my position to Inn from the Cold - Kelowna.

Signature

Date

Respect and Confidentiality Agreement

Print Name: _____ Date: _____

As an employee/volunteer with Inn from the Cold - Kelowna, I agree to:

1. Respect and maintain the confidentiality and privacy of information regarding any clients, employees or volunteers of Inn from the Cold - Kelowna.
2. Respect and maintain the confidentiality of any documents of Inn from the Cold – Kelowna and any documents of its employees, clients or volunteers.
3. Respect the confidentiality of any financial information of Inn from the Cold – Kelowna.
4. Respect the rights of others and their property, including the property of Inn from the Cold – Kelowna or their partners.
5. Respect the policies and procedures of Inn from the Cold – Kelowna.

I understand the employee/volunteer information confidentiality policies stated on this form.

Signature of Volunteer

Date

Signature of Witness

Date

FOR OFFICE USE ONLY

Has the Security Clearance information been received? _____ Date _____

Name(s) of Coordinator who received/witnessed it

Date of Hire _____ Position _____

Date of Termination: _____ Reason _____