

Serving the Community
Since 1971

Storefront Humber Inc.

SUPPORT SERVICES FOR SENIORS
AND ADULTS WITH DISABILITIES

2445 Lake Shore Blvd W
Etobicoke, ON M8V 1C5
Tel: (416) 259 – 4207
Fax: 1 (866) 538 – 9186
Charitable No. 13037 3160 RR0001

Volunteer Application Form

This information is kept confidential. Please provide as much detail as possible when filling out this form. Thank you for your interest in volunteering with Storefront Humber Inc!

Volunteer Practicum Student Ontario Works

Date Received in Office: _____

Personal Information

Mr./Mrs./Ms: _____

Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email: _____ Cell Phone: _____

Employment/Education/Languages

What is your current status? Working School Retired Other _____

Current/Previous Work Experience _____

Highest Level of Education/Certificates _____

Languages Spoken: English French Other (s) _____

Are you a licensed driver? _____ With a car? _____ Use TTC? _____

Volunteer Experience

How did you hear about Storefront Humber? (School, Volunteer Centre, Social Assistance Caseworker, Newspaper, Internet, Friend/Family etc.)

List Any Previous Volunteer Experience (Agency Name, Length of Stay, Duties etc.)

Personal Interest & Volunteer Position(s)

Why do you want or need to volunteer? (Please check off the one that best applies to you)

- Community Involvement/Giveback Social Assistance/Ontario Works
- Practicum Work Experience
- 40hrs of Community Service Other _____

Please list any special interests or skill (s) that you may have that will be of benefit to our agency and or senior clients: (ex. play a musical instrument, meal preparation, fundraising, crafts, public speaking, etc.)

Please indicate the volunteer position(s) of interest:

- Adult Day Program Caretaker/Custodian Special Events/Fundraising
- Reception Support Friendly Visiting Transportation Escort
- Community Outreach Lunch Program Host/Hostess Well-Elderly Centre

Availability & Commitment

What are your hours/days of availability:

- Mon: From _____ to _____ Thurs: From _____ to _____
- Tues: From _____ to _____ Fri: From _____ to _____
- Wed: From _____ to _____ Sat/Sun: From _____ to _____

How many hours a week/month would you like to volunteer? _____

Are you willing to commit as a volunteer for a minimum of 3 months?

Have you had a Police Reference check within the last 2 years? _____

References

Please list two employment references: (Do not list family members, friends, relatives)

	<u>Name</u>	<u>Position/Relationship to You</u>	<u>Telephone #</u>
1.	_____	_____	_____
2.	_____	_____	_____

Emergency Contact: _____ Relation: _____ Tel # _____

I understand and accept that the above reference information I have provided will be used for processing my application. Also if I am under the age of 18 I will provide a consent letter from my parents. Storefront Humber Inc. is under no obligation to accept me as a volunteer.

Name: _____ **Signature:** _____ **Date:** _____

Policy of Confidentiality

- I understand that in my affiliation with Storefront Humber Inc. I may learn information of a confidential nature regarding the agency, personnel or clients.
- I agree with Storefront Humber Inc. that I shall not discuss with or disclose to others outside of the agency such information. I understand that failure to comply with this policy may result in the termination of my association with this agency.

Policy Re: Gifts And/Or Tips From Clients

The policy of the agency is:

“No personal, financial or material gain should be accepted or solicited by any staff or volunteer from a client of Storefront Humber Inc. “

Policy Re: Privacy Act

Storefront Humber Inc. respects your privacy. We protect your personal information and adhere to all legislative requirements regarding privacy. We do not rent, sell or trade our mailing lists. We use your information to deliver your services and to keep you informed on the activities of Storefront Humber Inc. If at any time you wish to be removed from these contacts simply contact us at 416-259-4207 and we will gladly accommodate your request.

I have read Storefront Humber’s “Policy of Confidentiality”, “Policy Re: Gifts And/Or Tips From Clients” and “Policy Re: Privacy Act” and consent to these policies. I understand that failure to comply with these policies may result in the termination of my association with Storefront Humber Inc.

Name: (Printed) _____

Signature: _____

Date: _____

Volunteer Agreement (To be filled out by Coordinator)

Name of Volunteer: _____

Volunteer Position: _____

Start Date: _____

Hours of Commitment: _____

I have read, and understand my duties and responsibilities as a volunteer for Storefront Humber Inc. as outlined in the Volunteer Manual. I understand and accept the duties and responsibilities that are pertinent to my volunteer position, as stated in the volunteer job description.

I have read and signed the Confidentiality Agreement, and the Policy Against the Acceptance of Gifts and or Tips from Clients.

I will attend to the best of my abilities all information, orientation and training sessions as required by Storefront Humber Inc.

I will not consume alcohol or take any substance that may include drowsiness or lack of concentration when providing services to clients, in respect for the safety and health of Storefront Humber Inc.'s clients.

I will report to the Volunteer Coordinator/Executive Director within 24 hours, any accident or injury that occurred during the provision of services.

I will give ample notice to the Volunteer Coordinator and or Program Coordinator if I am going to be away and cannot fulfill my volunteer commitment. I will maintain punctuality to the best of my ability, however I will call if for reasons beyond my control I will be arriving late.

Finally, I will abide by the Volunteers and Helpers Bill of Rights and will communicate to the Volunteer Coordinator any concerns questions and or suggestions that I may have.

If I do not comply with the policies and procedures of Storefront Humber Inc. , I will forfeit my right to act in a volunteer capacity and may be asked to terminate my volunteer services with Storefront Humber Inc.

Volunteer's Signature: _____ **Date:** _____

Volunteer Coordinator's Signature: _____ **Date:** _____