

**VOLUNTEER INFORMATION FORM**

**DATE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **EMERGENCY CONTACT:** \_\_\_\_\_

**OCCUPATION/EMPLOYER:** \_\_\_\_\_

**TRAINING:** \_\_\_\_\_

**COMMUNITY/ VOLUNTEER WORK** \_\_\_\_\_

**INTEREST/ACTIVITIES:** \_\_\_\_\_

**LANGUAGES: (SPOKEN)** \_\_\_\_\_ **(WRITTEN)** \_\_\_\_\_

**PLEASE PROVIDE TWO REFERENCES**

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**ARE YOU WILLING TO COMMIT TO 2 - 4 SHIFTS A MONTH?** \_\_\_\_\_

**ANY FURTHER INFORMATION YOU FEEL WE SHOULD KNOW?**

\_\_\_\_\_

***We appreciate a minimum six-month commitment to this volunteer position.  
Thank you for volunteering your time.***

## VOLUNTEER AGREEMENT

I, \_\_\_\_\_ upon becoming an active volunteer with the Howe Sound Women's Centre agree to the following commitments:

- I agree to abide by the Howe Sound Women's Centre's policies and procedures guidelines as detailed in the attached.
- I agree to be scheduled for 2 – 4 shifts per month as agreed upon between Women's Resource Worker and myself.
- I agree to inform the Women's Resource Worker of any unavailability while a volunteer with the program.
- I agree to attend training, educational workshop and volunteer meetings during my commitment with the Howe Sound Women's Centre.

**VOLUNTEER SIGNATURE:** \_\_\_\_\_

**PROGRAM MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Thank you for your commitment to the program. We could not run the Drop-in Centre without valued volunteers like you.*

## VOLUNTEER CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my volunteer duties for the Howe Sound Women's Centre I must hold all client information in the strict confidence as per the confidentiality statement. I realize that my breaking of this responsibility may result in my volunteer position with the Society being terminated.

With the exception of the following circumstances:

- Unreported cases of suspected child abuse or neglect. The general public is obligated to inform appropriate persons in the Ministry of Social Services.
- When a client indicates that she is a danger to herself, or others. The Howe Sound Women's Centre staff member, or volunteer is obligated to inform the appropriate authorities and /or family doctor, etc.
- When compelled by court order.

**VOLUNTEER SIGNATURE:**

\_\_\_\_\_

**PROGRAM MANAGER:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_