



Volunteer Application Checklist

- Completed Application Form
- References (email contact is preferred)
- Signed Oath of Confidentiality
- Signed Volunteer Contract
- If interested, completed Membership form (\$20.00 Membership Fee)
- Completed Criminal Record Check
 - To be completed at your local RCMP detachment
(In Red Deer: 4602 – 51 Avenue)
 - Remember to bring your photo ID and the enclosed ‘Letter to RCMP’.
This letter will waive the fee normally associated with the process.
- Completed Child Intervention Records Check
 - To be completed at:
Child and Family Services Authority
109 Provincial Building
4920 – 51 Street
(403) 340-5439
 - Remember to bring your photo ID



VOLUNTEER APPLICATION

Full Name: _____

Birth Date: _____
Month Day Year

Current Address: _____

Home Phone #: _____

Business Phone #: _____

Cell Phone #: _____

May we contact you at work? YES / NO

Email Address: _____

The Central Alberta Women's Emergency Shelter and the Central Alberta Women's Outreach Society work closely together to provide programs and services for women and children affected by family violence. Because of our shared interest in providing the best possible support to our clients we have recently combined our Volunteer Departments.

I am interested volunteer opportunities with:

_____ **I am interested in volunteer opportunities with BOTH organizations**

_____ **The Central Alberta Women's Emergency Shelter ONLY**

_____ **The Central Alberta Women's Outreach Society ONLY**

Please check the areas where you would most like to contribute your volunteer time.

- Special Projects
- Fundraising Events
- Public Awareness Initiatives
- In-House Child Support
- In-House Office Work
- Committee Work
- Other _____
- Housekeeping
- Donation Room
- Soul Sisters Community Support Volunteer Program
- Room Makeover

Can you commit to a six (6) month volunteer term? YES / NO

Have you ever been convicted of a criminal offence? YES / NO

If yes, for what? _____

What is your Occupation? _____

Who is your present Employer? _____

Where did you hear about our Volunteer Program?

WEBSITE ADVERTISEMENT NEWSPAPER
SPECIAL EVENT OTHER VOLUNTEERS VOLUNTEER RED DEER
OTHER (please explain) _____

Why are you interested in volunteering with the Central Alberta Women’s Emergency Shelter/Central Alberta Women’s Outreach?

What skills, training, hobbies, or expertise do you have to share with us?

What have you read/or do you know about women and violence?

What would you like to gain from your experience as a volunteer?

Please describe an experience where you have recently helped someone in need:

Please Note:

We recommend that volunteers, if ever involved in an abusive relationship, should be out of an abusive relationship for at least two years **and** have received counselling before becoming a volunteer.

Have you ever been battered or abused (physically, sexually, or emotionally) by your partner or parents? YES / NO

If yes, please explain: _____

Have you received counselling for this? YES / NO

Has anyone close to you ever been abused? YES / NO

Have you volunteered for any other volunteer agency before? YES / NO

If so, for whom and for how long?

Some of the issues we deal with at CAWES and Women's Outreach can be emotionally stressful. What support systems do you have in place to deal with stress and still respect confidentiality?

When are you available to volunteer with the CAWES? (Check all that apply):

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Additional Comments:

IN-HOUSE CHILD SUPPORT

If you are interested in volunteering your time to work in-house with children, please complete the following page. Once you complete the general volunteer orientation session, you will receive additional training in the areas of Child Support and the effects of domestic violence on children.

Please write down any previous/current experience with children that you have had (i.e. brownie/scout leader, immediate and extended family members, babysitting, other volunteer experience, etc.): _____

What do you know about domestic violence and its effects on children?

What skills, hobbies, or activities would you like to share with the children at the shelter?

What age range of children do you prefer to work with and why?

REFERENCES:

Do we have permission to contact your references: YES / NO

If no, please explain: _____

Please provide names and contact information for three references. Each person will be contacted with a confidential request for reference, which they will need to return asap for the Volunteer Coordinator to review. **Please note: Email is the preferred method of contact.**

1. Present Employer or Supervisor:

Company: _____
Contact Person: _____
Daytime Phone: _____
Email: _____

2. Friend/Co-Worker

Company: _____
Contact Person: _____
Daytime Phone: _____
Email: _____

3. Other (non-relative)

Company: _____
Contact Person: _____
Daytime Phone: _____
Email: _____

I, _____, affirm that all information provided here is truthful and understand that any misrepresentations will be grounds for dismissal as a volunteer.

DATE

SIGNATURE

**Thank you for taking the time to fill out this application form.
Please return it to the attention of Anna Sheridan, Volunteer Coordinator.
If you have any questions or comments please contact Anna at 403-597-4142**



OATH OF CONFIDENTIALITY

I, _____, understand that when I am at the Central Alberta Women's Emergency Shelter/Central Alberta Women's Outreach Society I may have access to confidential information, and by signing this statement I am indicating my responsibilities to maintain and agree to the following:

I understand that names and any other identifying information about clients and staff are completely confidential.

I agree not to divulge, publish, or otherwise make known to any unauthorized persons or to the public any information regarding CAWES/Women's Outreach, its clients, staff or business obtained in the course of my involvement with CAWES/Women's Outreach.

I understand that **ALL** information regarding the CAWES/Women's Outreach obtained or accessed by me in the course of my work or volunteer activities is strictly confidential. I agree not to divulge or otherwise make known to any unauthorized persons any information, unless specifically authorized to do so by CAWES/Women's Outreach protocol, a senior staff member, or the Board of Directors acting in response to applicable law, court order, public health concerns, or a specific clinical need.

I understand I am **NOT** to read information and records concerning clients or any other confidential information or documents, nor ask questions of clients or staff for my own personal information, but only to the extent and purpose of performing my assigned duties, whether I am a staff member, a volunteer, student, or Board member.

I understand that a **BREACH of CONFIDENTIALITY** will be grounds for disciplinary action, and **will** result in immediate termination of employment or volunteer duties.

I agree to notify the Executive Director, who will in turn notify the CAWES Board of Directors immediately, should I become aware of an actual Breach of Confidentiality, or a situation which could potentially result in a Breach, whether this by on my part or the part of another person.

DATE

SIGNATURE

NAME OF WITNESS

SIGNATURE OF WITNESS



VOLUNTEER CONTRACT

I hereby authorize the staff of the Central Alberta Women's Emergency Shelter/Central Alberta Women's Outreach Society to make such investigations as they deem appropriate, regarding background, personal, and otherwise, and to determine the accuracy of the information furnished herein this application, and release any agency or organization from liability for cooperating with the Central Alberta Women's Emergency Shelter/Central Alberta Women's Outreach Society by releasing requested information and or opinions.

As a volunteer for CAWES/Women's Outreach I, _____, agree to:

1. Attend the full training program.
2. Will submit a current Criminal Record Check and Intervention Record Check if appropriate.
3. Not maintain private contact with clients.
4. Keep strict confidentiality of information relating to clients, staff, other volunteers, and agency information.
5. Discuss any concerns I have regarding programs, other volunteers, or staff with the Volunteer Coordinator. If the matter is not resolved, I will put the issue in writing and submit to the Volunteer Coordinator and also forward it to the Executive Director.
6. The fact that this file is the property of the Central Alberta Women's Emergency Shelter.

DATE

SIGNATURE

NAME OF WITNESS

SIGNATURE OF WITNESS



Membership Application

POLICY STATEMENT: All individuals applying for membership to CAWES must complete the application form and submit it to the Executive Director who will review the application.

The application will then be presented at the monthly Board of Director's meeting for approval. Membership fee is \$20.00. If Membership is denied, the fee will be returned to the applicant.

Name:..... Phone:.....

Address:.....

City:..... Postal Code:.....

Email:.....

Method of Payment:

Cheque Enclosed

\$20.00 Membership Fee

Visa

\$ _____ Donation

MasterCard

Other:

Amount: \$

Card Number:.....

Expiry Date:.....

Name on Card:.....

Authorized Signature:.....

Are You Interested in Becoming a Volunteer? Yes.....No.....

Signature.....



P.O. BOX 561 RED DEER, ALBERTA T4N 5G1
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EMAIL: generalinfo@cawes.com WEB: www.cawes.com