



Volunteer Application Checklist

- Completed Application Form
- References (include Mailing Address, Telephone #, and email, if available)
- Signed Oath of Confidentiality
- Signed Volunteer Contract
- If interested, completed Membership form (\$20.00 Membership Fee)
- Completed Criminal Record Check
 - To be filled out at your local RCMP detachment
(In Red Deer: 4811 – 49 St)
 - Remember to bring your photo ID!!
- Completed Child Intervention Records Check
 - Bring completed form to:

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

Present Address: _____

Postal Code: _____

Home Phone #: _____

Business Phone #: _____

Cell Phone #: _____

May we contact you at work? YES / NO

Email Address: _____

Do you have a vehicle? YES / NO

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

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

If yes, for what? _____

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

Please note that all areas are supervised by the Volunteer Coordinator

- Special Projects (Membership Drive, Capital Building Fund, etc.)
- Fundraising Events (Dinner and Auction, Run & Walk for Families, etc.)
- Information Displays (Shopping Centres, Schools, and College)
- In-House Child Support
- In-House Office Work (Front Desk Support, Newsletter, Receptionist Duties, etc.)
- Soul Sisters Community Support Volunteer Program
- Committee Work (Fundraising, Building, etc.)
- Other _____

**Thank you for supporting the Central Alberta Women's Emergency Shelter!
Volunteers are vital to our endeavours here at C.A.W.E.S.!!!**

How long have you lived in Red Deer or Area? _____

What is your Occupation? _____

Who is your present Employer? _____

Where did you hear about C.A.W.E.S. and our Volunteer Program?

WEBSITE

ADVERTISEMENT

NEWSPAPER

SPECIAL EVENT

OTHER VOLUNTEERS

PHONE BOOK

OTHER (please explain) _____

Why are you interested in volunteering at/for the Central Alberta Women's Emergency Shelter?

What skills, training, hobbies, or expertise do you have to share with C.A.W.E.S?

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

What would you like to gain from your experience as a volunteer for C.A.W.E.S.?

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

Please Note:

C.A.W.E.S. has a policy that volunteers, if ever involved in an abusive relationship, must 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 you have volunteered before, for what agencies and when?

Do you have any medical problems that may limit your volunteer activities? YES / NO

If yes, Please explain: _____

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

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

Is there any other information you would like to share with us here at C.A.W.E.S?

IN-HOUSE CHILD SUPPORT

If you are interested in volunteering your time to work in-house with the children, please complete the following page. Once you complete the general volunteer orientation session, C.A.W.E.S. Child Support Staff will provide a separate training schedule for all in-house child support volunteers

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, mailing addresses (including postal codes), telephone numbers, and email addresses (if applicable) for three references. Each person will be mailed a confidential request for reference form, which they will need to return to C.A.W.E.S. for the Volunteer Coordinator to review.

1. Present Employer or Supervisor:

Company: _____
Contact Person: _____
Mailing Address: _____
Postal Code: _____
Telephone #: _____
Email: _____

2. Friend/Co-Worker

Company: _____
Contact Person: _____
Mailing Address: _____
Postal Code: _____
Telephone #: _____
Email: _____

3. Other (non-relative)

Company: _____
Contact Person: _____
Mailing Address: _____
Postal Code: _____
Telephone #: _____
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) 346-5643.**



OATH OF CONFIDENTIALITY

I, _____, understand that when I am at CAWES 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, its clients, staff or business obtained in the course of my involvement with CAWES.

I understand that **ALL** information regarding the CAWES 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 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



CENTRAL ALBERTA WOMEN'S EMERGENCY SHELTER VOLUNTEER CONTRACT

I hereby authorize the staff of the Central Alberta Women's Emergency Shelter (C.A.W.E.S.) 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 by releasing requested information and or opinions.

As a volunteer for C.A.W.E.S. 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 C.A.W.E.S. 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



CRIMINAL RECORD CHECK: (must be done by all volunteers)

-Please report to your local RCMP detachment:

- In Red Deer:
4811 49 Street (across from Red Deer Public Library)

-Once this is completed please drop off your completed Criminal Record Check Form to the shelter (attention to the Volunteer Coordinator)

CHILD INTERVENTION RECORDS CHECK: (only if volunteering in-house)

-Get dropped off at:

- Child and Family Services
108 Provincial Building
4920 - 51 Street
(403) 340-5439

INFO FROM ANNA:

I have not included a Criminal Record Check form in this package. You need to have this completed at your local RCMP detachment. Please bring the enclosed letter to the RCMP (...Dear Officer in Charge....) in order to have the \$20 fee waived. You will also need to bring photo I.D. with you for this service. The Child Intervention Records Check needs to be dropped off at the Child Support Services office in Red Deer. This is located on the 1st floor of the Provincial Building at 4920 51 Street. If you require further directions their phone number is 340-5439. If you take I.D. with you, such as a driver's license, they will then mail the form back to you so you don't have to go back again to pick it up. You can then bring the Criminal Record Check and Child Welfare Check forms to me at the shelter. If I am not here, please ask someone at the front desk to photocopy the Child Intervention Records Check and Criminal Record Check documents for you and leave the photocopies (you hang onto the originals) and your original volunteer application package for me.

Once I receive your volunteer application package and copies of your Child Welfare Check and Criminal Record Check I will check your references and then schedule appropriate training sessions for in-house volunteering.