



VOLUNTEER RESOURCES DEPARTMENT
VOLUNTEER APPLICATION FORM

TIME AVAILABLE	MON	TUES	WED	THURS	FRI	SAT
MORNING						
AFTERNOON						
EVENING						

TRAINING, SKILLS AND INTERESTS
Please list any training, skills, interests or languages spoken that might help you in a volunteer assignment.

Why do you want to volunteer with Sherbrooke Community Centre?

How did you learn about our program?

To the best of my knowledge the information contained on this form is accurate and complete.

SIGNED: _____ DATED: _____

(If under 18 please have your parents complete the following:)

My daughter/son _____ has my permission to serve as a Volunteer at Sherbrooke Community Centre.

Signature of one or both _____
Parents or Guardians



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We want you to read and consider carefully this Code of Confidentiality. As a participant in our volunteer programs it is necessary that you understand and comply with both parts of it.

VOLUNTEER CODE OF CONFIDENTIALITY

As I participate with residents, family members, staff and volunteers, I will respect their right to total privacy concerning the details of their lives such as their names, addresses, backgrounds, family relationships and the nature of their problems. as a volunteer I must limit my discussion to the specific duties and responsibilities outlined in my job description. That is, I can talk about what I do but not with whom I do it. I understand that my confidentiality continues even if I cease to be a volunteer with Sherbrooke Community Centre.

As I participate in the Sherbrooke Volunteer Program I will respect its' right to be presented in a positive, favourable light to others. As a volunteer I am a responsible representative of the agency and a powerful force in the community. If I have problems with my commitment I will look first to the agency for support and resolution. In this way my advocacy will be thoughtful, accurate and supportive.

NOTE TO STUDENTS

If you are submitting a report or writing a paper in relation to your volunteer activity, please consult with the co-ordinator. Actual names of residents cannot be used and details of the case cannot be revealed. The Coordinator of Volunteer Resources should see a copy of your submission.

SIGNED: _____

DATED: _____

PLEASE PRINT NAME HERE: _____



VOLUNTEER RESOURCES DEPARTMENT VOLUNTEER REFERENCE FORM

_____ is applying to volunteer with Sherbrooke Community Centre.

Volunteers provide support for our residents and assistance to our staff. Please fill out the following form and return it to:

Coordinator of Volunteers
Sherbrooke Community Centre
401 Acadia Drive
Saskatoon, SK S7H 2E7

Or fax to: (306) 655-3741

If you have any questions please call the Coordinator of Volunteer Resources at 655-3664.

1. How long have you known the applicant? _____
2. In what capacity? _____
3. In your opinion, is this person capable of following through on commitments? _____
4. Does this person establish rapport easily with other people? _____
5. Is this person capable of offering friendly support to someone who is lonely, depressed and/or isolated? _____
6. Is there any reason why you think this person would be unable to be a volunteer? _____

7. What do you think this person has to offer to our department? _____

8. Other comments: _____

NAME: _____
Please Print

ADDRESS: _____

PHONE: HOME _____ WORK _____

SIGNATURE: _____ DATE: _____



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- 9. How long have you known the applicant? _____
- 10. In what capacity? _____
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- 12. Does this person establish rapport easily with other people? _____
- 13. Is this person capable of offering friendly support to someone who is lonely, depressed and/or isolated? _____
- 14. Is there any reason why you think this person would be unable to be a volunteer? _____

- 15. What do you think this person has to offer to our department? _____

- 16. Other comments: _____

NAME: _____
Please Print

ADDRESS: _____

PHONE: HOME _____ WORK _____

SIGNATURE: _____ DATE: _____