



For Office Use Only

Volunteer Start Date: _____ Placed in: _____

File copied to Volunteer coordinator: [] N/A [] Yes Date: _____

Bernard Betel Centre for Creative Living
APPLICATION FOR VOLUNTEER OPPORTUNITIES

DATE:	INTERVIEWER:
Why do you wish to volunteer at the Bernard Betel Centre?	How did you hear about us? (Indicate all that apply) <input type="checkbox"/> Member of Centre <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website: specify _____ <input type="checkbox"/> Newspaper: specify _____ <input type="checkbox"/> Brochure/flyer: specify _____ <input type="checkbox"/> Other: _____

PERSONAL INFORMATION		
Full Name		
Street Address	City	Postal Code
Home Phone	Cell	Email
Languages Spoken		
Member of the Bernard Betel Centre? [] Yes [] No		

EMERGENCY CONTACT		
Full Name	Relationship	
Home Phone	Cell Phone	Work phone

AVAILABILITY						
	Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
Morning						
Afternoon						
Evening						

EDUCATION HISTORY
Please indicate all that apply: <input type="checkbox"/> Grade 12 diploma <input type="checkbox"/> College diploma (s) _____ <input type="checkbox"/> University Degree (s) _____ <input type="checkbox"/> Additional certificate(s) _____

EMPLOYMENT HISTORY

Please indicate all that apply:

- Employed – Type of Employment _____
 Looking for Work _____
 Retired – Past type(s) of employment _____
 Other _____

VOLUNTEER EXPERIENCE

Current/Past Volunteer Role (s)
and Organization(s)

GENERAL INTERESTS/HOBBIES

- Arts & Crafts _____
 Computers _____
 Games _____
 Music _____
 Fitness _____
 Gardening _____
 Reception/Admin. _____
 Other: _____
 Other: _____
 Other: _____

ADDITIONAL SKILLS

- Advocacy _____
 Clerical _____
 Committees _____
 Counseling _____
 Event Planning _____
 Facilitation _____
 Financial _____
 Fundraising _____
 Grant/Proposal Writing _____
 Human Resources/Training _____
 Leadership/Managerial _____
 Legal Services _____
 Marketing & Communication _____
 Photography _____
 Research _____
 Public Relations _____
 Public Speaking _____
 Reception _____
 Social Media _____
 Teaching _____
 Technical Support _____
 Other: _____
 Other: _____
 Other: _____

I AM INTERESTED IN THE FOLLOWING PLACEMENT(S)

- Friendly Visiting Russian Club
 Meals on Wheels Hebrew Club
 Computer Learning Centre Other: _____
 Healthy at Home

RESTRICTIONS

Do you have any physical restrictions that could affect your volunteer roles/duties?

No Yes Please state: _____

Do you have any allergies (e.g. food, animal, smoke) that could affect your volunteer activity?

No Yes Please state: _____

TRANSPORTATION INFORMATION

Are you licensed to drive in Ontario? *(For Meals on Wheels Volunteers only)*

Yes No

What means of transportation would you be using to get to and from your volunteer placement?

Car Bus/Subway Walking Other _____

REFERENCES

Please provide the name and telephone number of two references. *(not family please)*

Name	Relationship	Email
Home Phone	Cell phone	Work phone
Name	Relationship	Email
Home Phone	Cell phone	Work phone

- By checking this box you are indicating that you have advised your references that you have provided their contact information to the Bernard Betel Centre for the purposes of contacting them to act as a reference regarding your application to become a volunteer

- By submitting this form, I consent and authorize the Bernard Betel Centre (BBC) to obtain and verify the information outlined in this form and release BBC from any claim whatsoever relating to information during their verification process.

Bernard Betel Centre for Creative Living Volunteer Agreement

The Volunteer Agreement is designed for your guidance and protection to help you understand what the Bernard Betel Centre of Creative Living (BBCCL) considers to be acceptable professional and ethical behaviour.

As a volunteer of BBCCL, you are asked to abide by the following:

Professional Ethics

I will be conscious of my role as a representative of the BBCCL and will consistently display the highest standards of honesty, personal integrity and professionalism in performing my volunteer role(s).

Confidentiality

I acknowledge that I will be responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed during my volunteer term with BBCCL. I will treat all of the information about the Centre's programs, employees, clients and their families as strictly confidential and will only use and access this information as required by my volunteer duties.

Non-Discrimination

I will treat everyone fairly regardless of race, ancestry, place of origin, ethnic origin, citizenship, creed, gender, sexual orientation, age, marital status, family status, disability, religion, political belief or economic status.

Relationships/Boundaries/Conflicts of Interest

I agree to maintain respectful and professional relationship boundaries during the course of my volunteer placement and agree to speak with my supervisor(s) should any relationship develop which poses a conflict of interest or makes it difficult for me to remain objective and fulfill my volunteer obligations.

Use of Computers

I may use BBCCL computers to check my emails, the internet, etc. However, this should only be done during breaks or before or after the program and not during program time. I must obtain permission from my program supervisors prior to using the computers and am not to shop online, visit inappropriate websites, or conduct business or banking transactions while using BBCCL computers/internet.

Solicitation

I will not solicit donations on behalf of other causes or organizations while serving as a volunteer at BBCCL.

Public Relations In my capacity as a volunteer, I will not act as a representative or spokesperson to the press or other public groups on behalf of BBCCL unless prior authorization has been granted by the organization.

Non-Compliance

I understand that failure to adhere to any and all parts of this code may result in suspension from my volunteer duties and/or termination of our volunteer relationship with BBCCL.

Signature _____

Date _____

Signature of Witness _____

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