



PARTNERS AT WORK APPLICATION FORM

The information given in this application is confidential and for the use of the RCAC only. Volunteers of all ages are welcome, a membership card is not required to volunteer at RCAC. Thank you for choosing the RCAC for your volunteer request. Please complete this form and drop it off at one of the RCAC Branches.

How can we send you more info and steps to become a volunteer? <input type="checkbox"/> BY MAIL <input type="checkbox"/> BY E-MAIL			
FOR MUNICIPALITY OF PORT HOPE INSURANCE COVERAGE			Title (Mr, Miss, Mrs, Ms.):
First Name:		Last Name:	
Address:			Appt. #:
City:	Postal Code:	Home Phone #:	
Cell Phone #:	Email:		
Birth Date: MM DD YY		Spoken/ Written Languages: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
Emergency Contact:	Name:	Phone #:	
Why do you want to volunteer?	<input type="checkbox"/> Sharing Skills <input type="checkbox"/> Recently Retired <input type="checkbox"/> Work Experience <input type="checkbox"/> Co-op <input type="checkbox"/> 40 hr requirement <input type="checkbox"/> Help Others <input type="checkbox"/> Meet New People <input type="checkbox"/> Other		
How did you learn about RCAC volunteers?	<input type="checkbox"/> Program Guide <input type="checkbox"/> Poster/Flyer <input type="checkbox"/> Doctor <input type="checkbox"/> Staff <input type="checkbox"/> Family Friend <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper		
Where do you prefer to volunteer?	<input type="checkbox"/> Ruth Clarke Activity Centre <input type="checkbox"/> Jack Burger Sports Complex <input type="checkbox"/> Town Park Recreation Centre <input type="checkbox"/> No Preference		
What volunteer function are you interested in learning more about?	<input type="checkbox"/> Administration <input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> Special Events <input type="checkbox"/> Support Services <input type="checkbox"/> Committees <input type="checkbox"/> Community Relations		
Tell us about you (related skills, training, certificates, hobbies, spare-time activities)			
Do you have any limitations? (i.e. cannot stand for long.)			
Have you volunteered/worked before? (organization/position)			

Reference Check Consent

I hereby authorize the persons listed below to furnish any information, opinion reports, or record which may be requested by the RCAC and waive any right of action against any person or institution who may provide information or opinions in compliance with the authorization.

Name	Relation to you	Phone
1.		
2.		

Statement of Understanding

I understand that I must attend a volunteer orientation and abide by the RCAC Volunteer Policies and Procedures. I understand RCAC requires me to provide character references and obtain and submit a police reference check before I begin my volunteer placement. I understand that I will be reimbursed any fees related to obtaining Criminal Reference Check/Drivers Abstract once I have successfully completed my volunteer training with an RCAC staff partner.

Confidentiality

I promise to hold in confidence all information pertaining to clients that may come to my attention in the line of duty with the Ruth Clarke Activity Centre. I will respect the privacy of those whom I serve and confer with the person to whom I report or my supervisor in matters relating to the well being of the Centre’s clients. I will use any client information gained in the course of my service with the Ruth Clarke Activity Centre in a responsible manner.

Fire Safety

I have read the contents of the Fire Safety Plan and understand the information they contain. I accept responsibility to follow the guidelines for fire safety and to maintain my knowledge and ability to carry out the described procedures in event of a fire.

Canada’s Anti-Spam Legislation

I give consent to receive emails from RCAC electronic communications. Your e-mail address will not be distributed to any third parties unless it is necessary for RCAC to do so to comply with the law.

Signed: _____ Date: _____

OFFICE USE ONLY



Interview Date	Time	Location
Interviewed By	Volunteer Role	Staff Partner
Referral Date	Training Date	Training Completion Date

Inactive Date: _____ Inactive Letter sent: _____