Diagram

Description automatically generated**Atikokan Native Friendship Centre**

**Every Child Matters. It’s About Time. Let’s Bring Our Children Home**

307-309 Main Street West, PO Box 1510 Atikokan, ON P0T 1C0

807-597-1213(P) 807-597-1473(F)

**APPLICATION FOR VOLUNTEER SERVICE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | Date: | | | | | | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | Last Name | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | | | Cell Number: | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you under 18 years of age? | | | | | | | Yes ¨ | | | | | | | | | No ¨ | | | | | | | | |
| Are you a student? | | | | | | | Yes ¨ | | | | | | | | | No ¨ | | | | | | | | |
| Language: | | First Spoken: | | | | | | | |  | | | | | | Read: | | | |  | | | | |
|  | | Second Spoken: | | | | | | | | |  | | | | | Read: | | | |  | | | | |
| Community Affiliation(s): | | | | |  | | | | | | | | | | | | | | | | | | | |
| Hobbies, Interests, Crafts: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Do you have your own vehicle with a valid driver’s license? | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| When are you able to volunteer? | | | | | | | | | Days ¨ | | | | | | Afternoons ¨ | | | | | | | | Evenings ¨ | | | |
|  | | | | | | | |  | | | | | |  | | | | |  | | | | | |
|  |  | |  | | |  | | | | | | |  | | | |  | | | |  | | |  | |
| Mon | Tues | | Wed | | | Thurs | | | | | | | Fri | | | | Sat | | | | Sun | | |

|  |
| --- |
| Are you willing to volunteer for on-call events if they arise? Yes ¨ No ¨ |
| Specify Days and Times: |
| Length of availability (months, years): |
|  |
| Emergency Contact: |
| Name: |
| Relationship: |
| Address: |
| Telephone: |
|  |
| Areas of Interest: (Please check all that apply: |
| * Friendly visits * Small home repairs * Grass cutting * Moving furniture * Providing transportation * Laundry services * Shovelling * Picking up good food boxes * Picking up and/or delivering groceries * Assembling good food boxes * Cooking or baking |
|  |
| Helping to set up and clean up at Special Events such as:   * Sweat lodge * Powwow * Feast |
| * Computer Skills: * Microsoft Word * Microsoft Excel * Internet * Database * Graphics (photoshop, publisher, etc) |
|  |
| Other areas: |

|  |  |
| --- | --- |
| Qualifications: | |
| Reason for Volunteering: | |
| Previous Volunteer Experience | |
| Skills, hobbies, other interests, talents willing to share: | |
| What personal qualities do you have that would help you when volunteering with clients? | |
|  | |
| Declaration (to be signed by all applicants)  I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide truthful and complete information throughout this application process and will not withhold information that would unfavourably affect my application for a volunteer/student placement position. | |
| Signature: | Date: |
| Please note: A Vulnerable Sector Criminal Records Check, signing and abiding to a Confidentiality form is required. The ANFC provides a letter to take with you when you request the Vulnerable Sector Check. | |
|  | |
| For Office Use Only: | |
| I acknowledge that has successfully completed a:   * Police Record Check for Service with the Vulnerable Sector * Criminal Records Check * Confidentiality Form * Conflict Resolution | |

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments to be received from and completed with ANFC Coordinator:

OPP Letter for Vulnerable Sector Check

Vulnerable Sector Check Form – 8 ½ x 14” 2-page form to be handed to prospective volunteer

Declaration that an Unacceptable Police Record Will Not Be Found

Policy H3.14 – Confidentiality

Policy H1.06 – Conflict Resolution

Policy H3.01 Code of Conduct and Ethical Standards

Media Waiver/Consent Form

If needed - Policy H2.08 - Criminal Reference/Police Records Checks and Vulnerable Sector Searches