

Form Code: V202	Effective Date: January 2010	Revised Date: September 7, 2023	Approved By: Executive Director
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Thank you for your interest in building community with us by becoming a volunteer!

Please complete all sections of the application, sign, date and email an electronic copy to volunteer@elmiraacl.com or return to the office at 118 Barnswallow Drive, Elmira.

Elmira District Community Living (EDCL) values equity, diversity, and inclusion. We are committed to accessible participation throughout the application process and maintaining an inclusive work environment. Let us know if you require accommodations, so arrangements can be made.

PART A: PERSONAL INFORMATION

Full Name: _____ I am over 18 years old Yes No

Address: _____ Home Phone: _____

Email: _____ Mobile Phone: _____

Have you volunteered at EDCL in the past? (if so how long ago): _____

PART B: INTEREST, EXPERIENCE AND SKILLS

1. Describe why you are interested in volunteering at EDCL?

2. What skills and/or experience do you have that you want to use as a volunteer?

3. Do you have any special training or certification that would benefit you as a volunteer?

4. Which of the following areas of support would interest you (check all that apply):

<input type="checkbox"/> <u>Direct Support - Programs</u> Description: <i>work <u>with support from staff while engaging with an individual or small group during a scheduled program. Activities may be onsite or nearby in the community and vary based on skills and interests.</u></i>	<input type="checkbox"/> <u>Direct Support- in Community</u> Description: <i>work <u>independently with an individual or small group out in the community. Roles vary based on interests of the people supported, and volunteer skills and interests.</u></i>	<input type="checkbox"/> <u>Indirect Support</u> Description: <i>may work <u>at an EDCL building or may be remote. No direct work with supported people. Roles vary but could include administrative tasks, research, gardening, or a variety of options.</u></i>	<input type="checkbox"/> <u>Events</u> Description: <i>work <u>alongside EDCL Staff and other volunteers to support fundraising events. Duties vary by event.</u></i>
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5. Which of the following areas of interest would you be open to sharing?

<input type="checkbox"/> Reading <input type="checkbox"/> Computers <input type="checkbox"/> Bird-Watching <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Gardening	<input type="checkbox"/> Games/Cards <input type="checkbox"/> Food/Drink/Hospitality <input type="checkbox"/> Baking/Cooking <input type="checkbox"/> Music / Karaoke/ Playing Instruments	<input type="checkbox"/> Walking <input type="checkbox"/> Swimming <input type="checkbox"/> Biking <input type="checkbox"/> Sports (which ones): _____
<input type="checkbox"/> Other(let us know what you'd like to share): _____		
I own a vehicle and am willing to drive people in my volunteer role <input type="checkbox"/> Yes <input type="checkbox"/> No		
I would be interested in virtual volunteer opportunities <input type="checkbox"/> Yes <input type="checkbox"/> No		
I would like more information about joining: <input type="checkbox"/> EDCL Board of Directors <input type="checkbox"/> A Committee		

6. How did you hear about volunteering opportunities at EDCL?

EDCL Website
 Facebook
 LinkedIn
 VolunteerWR

Employer: _____
 School: _____

Referred by: _____
 Other: _____

PART C: AVAILABILITY

Please tell us when you prefer to volunteer and would be available (check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

PART D: REFERENCES

Please provide TWO references who are *not* family members. References from a current job or volunteer position are preferred.

Reference 1:

Name: _____ Relationship: _____

Email: _____ Preferred Phone: _____

Reference 2:

Name: _____ Relationship: _____

Email: _____ Preferred Phone: _____

ACKNOWLEDGEMENT

I acknowledge that:

- I am over the age of 18 (or, if under 18 years a parent/legal guardian has signed)
- The above information is correct to the best of my knowledge
- The individuals listed as references have awareness of and have consented to the sharing of their personal information, and I grant EDCL permission to contact these individuals for the purpose of determining my suitability for a volunteer role
- That a Police Records Check may be requested, which if applicable to the position, must be submitted before starting in that position
- Orientation and training must be completed before beginning any position
- A screening record checklist will be kept on file indefinitely

Signature: _____ Date: _____

If under 18 years:

Parent/Legal Guardian Name (print): _____

Signature: _____ Date: _____

Notice of Collection:

Information collected in this form is for the purpose of determining volunteer suitability for the position applied for. Personal information provided will be used to communicate with the applicant throughout the application process and throughout active volunteer status, once accepted. The information provided will be securely stored, retained and destroyed according to Elmira District Community Living's Privacy Policy #3.05, the Records Retention and Destruction Policy #7.06 (Human Resources Policy and Procedure Manual) and the Freedom of Information and Protection of Privacy Act. If you have any questions or concerns about the collection, use or disclosure of information, please contact the Privacy Officer, Nicole McEwan, Human Resources Director, at 519-669-3205 ext. 229 (118 Barnswallow Road, Elmira, ON, N3B 2Y9)