



Application for Volunteer Services

Mr. Miss.	Mrs. Ms.	Name:		
Address:				
City:		Postal Code	E-mail	
Home Telephone Number		Cell Phone Number		
Occupation:		Place of employment:	Can you be contacted at work: Yes No	Telephone Number:
<i>Volunteer Shift(min of 3 hours per month):</i> <input type="checkbox"/> Saturday: 9:00am – 12:00pm			<input type="checkbox"/> Under age 16 must have parental consent to volunteer X: _____	

Academic background

Hobbies/ Interests

Community affiliation

Languages spoken/read

Why do you want to volunteer with FOOTPRINTS?

Do you have any experience related to this kind of work – either as a volunteer or in a paid position?

How did you learn about our volunteer services at FOOTPRINTS?

Please confirm your availability for shifts on Saturdays from 9:00am – 12:00pm and signing your name: _____	
<i>By signing above, you commit to the following: volunteering for a minimum of three (3) hours per month for a minimum 6-month period; attending all relevant training sessions as required; providing a Police Check within 30-days of this application to the Program Consultant; and adhering to the policies and procedures of the FOOTPRINTS program.</i>	
Please recommend two people who would support your interest in participating as a volunteer in this facility.	
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Please include any other information that might be useful: 	

Confidentiality Agreement

Breach of confidentiality by the Consultant, volunteer and/or a member of the Steering Committee is a serious offence that will result in immediate termination of the position. A breach of confidentiality by other persons associated with FOOTPRINTS will result in immediate termination of any and all contractual arrangements.

All contractors, volunteers, and Steering Committee members must protect and respect the privacy of individuals that FOOTPRINTS services, any information belonging to FOOTPRINTS regarding individuals and their families, and any information regarding the operation of the organization.

Breach of confidentiality: includes but is not limited to the following:

- Sharing information about clients and/or families with people within FOOTPRINTS for any purpose other than facilitating our work with those clients and families. No information about the clients and/or families should be shared with people outside of FOOTPRINTS.
- Sharing information about clients, their families and/or the organization within the hearing or visual apprehension of any person who does not have the right to such information.
- Providing grounds for breach of confidentiality by improper and/or careless handling and maintenance of clients and staff records or any other FOOTPRINTS records.

THEREFORE,

I, _____, acknowledge, agree, and confirm that I am aware of the seriousness of breach of confidentiality and the penalties for such. I further agree that I will use all information, documentation, and data belonging to FOOTPRINTS solely for the purpose of FOOTPRINTS business.

I further agree that, except when written permission for disclosure is provided, I will keep confidential any information, knowledge, or data related to the clients and families of FOOTPRINTS.

Signed on: _____
(date)

Volunteer: _____

Consultant: _____