

Purposes and Extent

Brella Community Services Society is collecting and retaining information for the purpose of assessing the needs and resources of our programs, participants and you, the volunteer. The information on this application form is collected under the authority of the Personal Information and Privacy Act (PIPA) and will be used solely to determine eligibility and suitability for volunteer opportunities. Any medical information collected serves to authorize Brella Community Services Society, its staff and volunteers, to obtain medical assistance in emergencies. If you have any questions, please call the Coordinator of Volunteers (604) 531-9400.

Personal Information

First and Last Name: _____ Date: __ (YYYY-MM-DD) _____

Street Address _____ City _____ Prov _____ PC _____

PH _____ Cell PH _____ Email _____

Date of Birth (YYYY-MM-DD) _____ Gender: M F Prefer not to disclose _____

Preferred method of contact: _____

Emergency Contact Name _____ Relationship _____

Street Address _____ City _____ Prov _____ PC _____

PH _____ Cell PH _____ Email _____

How did you hear about us? _____

Do you consent to receive communications from Brella Community Services Society? Yes No

Are you willing to attend pertinent Orientation/Training sessions & seminars? Yes No

Can you commit to volunteering for one year? Yes No

Languages spoken other than English:	Occupation (current or past)	What is your general availability?
_____	_____	_____
_____	_____	_____

What Volunteer Opportunities would you be interested to work with seniors? *Please see our website for more information about the Programs we offer.*

References: Provide 2 references that you have known for more than 1 year below. *Preferred references:* those from work or volunteer-related positions; *not* relatives, close friends or healthcare professionals. References will be contacted to ensure consistency of information and fit for the position.

1. Name _____	Relationship _____
PH _____	Cell PH _____
	Email _____
2. Name _____	Relationship _____
PH _____	Cell PH _____
	Email _____

Confidentiality Policy

All information concerning clients, former clients, volunteers and staff are confidential. Confidential means that you are free to talk about Brella Community Services Society (BRELLA), about your program and your position, but you are not permitted to disclose names or talk about individuals in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The Board of Directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

Brella Community Services Society expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. Failure to maintain confidentiality may result in termination of your volunteer position. This policy is intended to protect you, as well as BRELLA, because in extreme cases, violations of this policy may result in personal liability.

Confidentiality Pledge

*I am aware that, during the course of my volunteer position with Brella Community Services Society that I may come across confidential and personal information as a result of carrying out my responsibilities. I understand that this information is critical to the operations of BRELLA and may not be distributed or used outside of the organization or with individuals not associated with BRELLA. In the event of my termination, I hereby agree that I will not utilize or exploit this information for my own personal gain, or share it with any other individual. **I have read this policy and will hereby conduct myself accordingly.***

Signature of **Applicant** _____

Printed Name _____ Date _____

Release of Information & Declaration of Intent

In order to decide my suitability for volunteering with this organization, I hereby give the Brella Community Services Society (BRELLA) consent to verify the information provided by me in this application form, contact the references listed herein to obtain and verify any information that BRELLA determines to be relevant to my application.

I understand that in order to ensure the safety of BRELLA clients, participants, students, volunteers and staff, I will be asked to complete a *Police Information Check, including a Vulnerable Sector Search* in addition to this application. **I therefore agree to complete a PIC, at no cost to me, and have it returned to Brella Community Services Society as soon as possible.**

I understand that if BRELLA approves my volunteer application and at any time later determines at its discretion that I am not suitable for volunteer service at BRELLA or for the volunteer position for which I am applying, they may terminate my volunteer position for any reason without advance notice.

If BRELLA approves my application for a volunteer position, I will sign any documents that the organization requires and will at all times cooperate fully with the organization in the fulfillment of my duties.

I will keep confidential all personal and other confidential information I encounter during my role as a volunteer. If at any time I determine that for any reason I am unable to support or adhere to or follow the policies or procedures of BRELLA I will inform the organization and will resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this application form is true and correct.

Signature of **Applicant** _____

Printed Name _____ Date _____

Signature of **Witness** _____

Printed Name _____ Date _____

**Thank you for your interest in volunteering for Brella Community Services
Society!**