

In our desire to reduce the risk of abuse within our organization, we believe this information is necessary to protect the Children, Youth and Vulnerable Adults that we work with as well as to effectively place personnel in appropriate roles. Thank you in advance for your partnership.

Volunteer Information

Name _____ Date _____

Address _____

City _____ Postal Code _____

Telephone (C) _____ Telephone (H) _____

Email _____ Birthdate _____

How did you hear about us? _____

Are you currently associated with a church? If yes, name of church _____

Emergency Contact Person

Name _____

Nature of Relationship _____ Contact Telephone _____

Employment

Current Occupation _____

Employer _____

Previous Work Experience

Employer	Position	Dates
_____	_____	_____
_____	_____	_____

Education & Skills

Highest Education Completed _____ Year Completed _____

Computer and Other Skills _____

First Language _____ Other Languages _____

Present and Previous Volunteer Experience

Organization	Description of Position	Dates
_____	_____	_____
_____	_____	_____

Confidential Information

If you answer yes to any of the below questions, please explain at the bottom of the page.

Are there any circumstances involving your lifestyle or background that would call into question your ability to work with Children, Youth and Vulnerable Adults? (e.g. use of illegal substances, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or found guilty of a criminal offense for which a pardon has not been granted (excluding minor traffic violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list offence(s) and the date(s) of conviction:	
Have you ever been expelled from or had your employment terminated by any organization or employer for assault, violence or impropriety against a Child, Youth or Vulnerable Person (e.g. senior citizen or person with disabilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving Children, Youth or Vulnerable Adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? (Please note such health concerns may not prevent you from holding the position for which you have applied)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any contagious diseases or conditions of which we should be aware, and which we may need to take steps to protect against transmission should you volunteer at our organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any changes in your mental health in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies (e.g. food) that we should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above questions, please explain:	

Police Records Check

Several of our volunteer positions require a police records check. If you have a police check, please indicate:

Date of Police Records Check _____ Does it include the Vulnerable Sector Check? _____

Personal

Why are you interested in volunteering with Eagles Nest?

Please describe some skills or training you have that might provide you with some preparation to serve within Eagles Nest:

Volunteer Interest

- | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Rescued & Restored (sales & organizing) | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Rescued & Restored (delivery & pickups) | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Childcare during Adult Programs | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Event Support (e.g. Spring Tea etc.) |
| <input type="checkbox"/> Meal preparation for Support Group Dinners | <input type="checkbox"/> Property Maintenance |
| <input type="checkbox"/> Office & Administrative Support | <input type="checkbox"/> Program Host |
| <input type="checkbox"/> Social Media Assistant | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Mentorship Program (requires an additional application) | |
| <input type="checkbox"/> Professional Skills e.g. coaching, counselling, Bible study (requires an additional application) | |
| <input type="checkbox"/> Other: _____ | |

Time and Availability

- Weekday morning
- Weekday afternoon
- Weekday evening
- Weekend

Commitment

- weekly
- bi-weekly
- occasional

References

Please list 3 references and their contact information below. *Note:* Eagles Nest does not accept references from immediate family.

I hereby give Eagles Nest Association consent to verify the information provided herein and permission to contact the persons named as references to ascertain my suitability for this Volunteer Program. I release all such references from liability for any damage that may result from furnishing such evaluations to you. I also waive any right to confidentiality and any right to pursue damages against Eagles Nest Association for losses caused by the reference's response.

1. Reference name _____ Nature of Relationship _____

Phone Number _____ E-mail _____

2. Reference name _____ Nature of Relationship _____

Phone Number _____ E-mail _____

3. Reference name _____ Nature of Relationship _____

Phone Number _____ E-mail _____

Who We Are: Our Mission and Values

Eagles Nest Association of Waterdown provides compassion, hope, and dignity within families. Eagles Nest is a Christian organization with Christian values. The approach we take in caring for people is in keeping with our beliefs.

Statement:

By signing below, I attest that:

- The information I have provided above is accurate and true to the best of my knowledge.
- Volunteering for Eagles Nest is a voluntary act and although Eagles Nest takes every precaution to preserve the safety of our volunteers, I acknowledge it may involve risk of personal injury or property damage.
- I have never been convicted of a criminal offence under the Criminal Code of Canada, for which a pardon has not been granted.

General Volunteer Application

- I consent to the collection and use of photographs and videos while volunteering.
- I have read, understood and I agree to respect the mission and values of Eagles Nest to the best of my knowledge and abilities.
- I will keep all information I encounter as a volunteer confidential including but not limited to information regarding program participants, supporters, employees, volunteers, or persons assisted by Eagles Nest. If I become aware that any confidential information was improperly disclosed, I will immediately advise the Executive Director.
- I agree to represent Eagles Nest with a high degree of professionalism.
- I will stay within the boundaries of the services agreed upon and not assume extra responsibilities or alter expectations.
- I will abide by all health and safety regulations and training parameters established by Eagles Nest.
- I will abide by the Eagles Nest *Code of Conduct* which ensures high standards of honest and ethical behaviour and guides how employees, board members and volunteers interact with others. I may ask for a copy of the *Code of Conduct* at any time.
- I will immediately report any concerns I have to Eagles Nest staff overseeing my work or the Executive Director.

First Name (please print) _____ Last Name (please print) _____

Signature _____ Date Signed _____