



# Volunteer Application

1145 Concession Road Cambridge, ON N3H 4L5

Phone: 519-653-1470 x232

Website: [www.langs.org](http://www.langs.org)

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Optional)  
MM DD YYYY

Please indicate your age category:  Under 14  14-17 yrs  18-49 yrs  50-65 yrs  Over 65

## Experience

Please list any volunteer or work experience that may be relevant:

\_\_\_\_\_  
\_\_\_\_\_

## Certificates

First Aid & CPR  Safe Food Handling  High Five  LEAD

F-Class License  Other: \_\_\_\_\_  Other: \_\_\_\_\_

## Interests & Availability

**Preferred Location:**



Langs



North Dumfries



Grow Community Centre



Youth & Teen Centre

**Volunteer Areas of Interest:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Early Years Programs         | <input type="checkbox"/> Youth/Teen Programs       | <input type="checkbox"/> Adult Programs             |
| <input type="checkbox"/> Board of Directors           | <input type="checkbox"/> Bingos                    | <input type="checkbox"/> Reception                  |
| <input type="checkbox"/> Diabetes Admin Support       | <input type="checkbox"/> Newsletter Delivery       | <input type="checkbox"/> Christmas Break Programs   |
| <input type="checkbox"/> Summer Programs              | <input type="checkbox"/> March Break Programs      | <input type="checkbox"/> Breakfast Club             |
| <input type="checkbox"/> Community Services Committee | <input type="checkbox"/> Summer Picnic Action Team | <input type="checkbox"/> Holiday Dinner Action Team |

**Please indicate the days and times you are available:**

Availability	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

**Volunteer Screening**

Have you ever been convicted of a criminal offence for which a pardon has been granted?

- Yes  No

Will you agree to a Police Record Check if it is required for a volunteer placement? *(Not required if under 14.)*

- Yes  No

**Volunteer References**

Please provide the names, phone numbers and/or email addresses of 3 references over the age of 18, who can supply information that relates to your work, volunteer or academic performance and have known you for at least 1 year. (E.g. Teacher/Principal, Employer/Supervisor, Friend, etc.)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact

In case of an emergency while you are volunteering, who should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

## Medical Information

Do you have any allergies, physical limitations, special needs, medical or health conditions that Langs staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Photographic Release Waiver *(optional)*

I hereby give permission to Langs for use of my picture in any promotional material including advertising, brochures, publications, video productions and other uses. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium. I understand these materials may be used by Langs.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## Email Contact Consent

Langs' best practice is to send limited information emails. Each email provides the option to unsubscribe from all future correspondence. The volunteer coordinator also sends electronic invitations to events and training opportunities throughout the year. (E.g. newsletters/organizational updates, programs and services information/registration dates/reminders, special events, etc.)

I give permission to Langs to add me to the Langs Contact List:  Yes  No

*\*Personal information on this application is collected for the purpose of maintaining our volunteering records, making sure you are in the right position and making mailing/phone lists for the organization. This information will not be shared with any other group or organization without your approval. Langs staff are bound by law and ethics to protect your privacy and the confidentiality of your personal information.*

## Volunteer Agreement / Release & Waiver

I, \_\_\_\_\_ (first & last name), in applying to perform duties for Langs as a volunteer, fully understand and agree to the following:

1. That I will not receive any remuneration, salary, wage, or payment or any employee benefit whatsoever, or be covered by the Workplace Safety and Insurance Act, 1997.
2. That except as authorized, I will not use Langs facilities and equipment.
3. That I will immediately notify the appropriate Langs supervisor of any incident that involves personal injury or property damage during my volunteer duties.
4. That either Langs or I myself may terminate my volunteer activities at any time.
5. I acknowledge that volunteer activity may involve personal risk of damage or injury. Notwithstanding this acknowledgment, I hereby release Langs, Board of Directors, employees and agents from all claims for damage or injury to myself resulting from my participation as a volunteer, unless such damage or injury is caused solely by the gross negligence of Langs.
6. I understand and agree that privileged information received about program participants, volunteers, and/or staff of Langs is confidential. It may only be revealed to my direct supervisor within Langs. Failure to maintain confidentiality may be cause for my immediate dismissal or will be means for other corrective action.

By signing this form, I acknowledge having read, understood and agree to the above conditions, release and waivers, for any volunteer role that I am assigned and agree to perform for Langs. I also give Langs permission to contact my references and to ask the necessary questions for my reference check. I affirm that all the information I have given is true and complete.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### **If the volunteer is under 18 years of age, a parent or legal guardian must also sign the following:**

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_, a minor and  
(Please print)  
that she/he has my permission to serve as a volunteer with Langs and have read the Volunteer Agreement/Release & Waiver form.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date