



Volunteer Package

Volunteer Information Package



Initial Volunteer Application (Pages 2, 3 & 4) need to be completed and submitted to the Volunteer Supervisor

	Volunteer Initials	Supervisor Initials
1. Volunteer Information Package		
2. Vulnerable Sector Check		
3. Confidentiality & Privacy		
4. Code of Conduct (OZ-40005)		
5. Emergency Procedures		
6. Infection Prevention & Control <ul style="list-style-type: none"> • Illness Reporting • Vaccination Policy <ul style="list-style-type: none"> - Proof of Vaccination provided 		
7. Photo ID & Photo Consent		
8. ONE CARE Volunteer Service Orientation		
9. Program Specific Training		
10. Volunteer Driver Package, if applicable <ul style="list-style-type: none"> • Valid G Driver's License • Proof of Insurance (ONLY Transportation) • Vehicle Inspection (ONLY Transportation) • Mileage Reporting and EFT Form 		

I acknowledge that I have received, read and understand the ONE CARE Volunteer Service Manual and Program Specific Training

Volunteer Signature: _____

Date: _____

ONE CARE Employee Signature: _____

Date: _____

Volunteer is Under the age of 18

I, _____, support the decision my child has made in wishing to volunteer with ONE CARE and understand that it is a standard practice of the agency that all volunteers undergo a thorough screening process which may include an interview and reference checks. I understand that mandatory orientation and training is provided.

Parent or Guardian Signature: _____

Date: _____

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Personal Information

Last Name: _____ Date of Birth: _____

First Name: _____ MM/DD/YYYY

Address: _____ Apt # or PO Box: _____

Town: _____ Postal Code: _____

Main Contact Number: _____

Secondary Contact Number: _____

Email Address: _____

Emergency Contact Information #1

Last Name: _____ Relationship: _____

First Name: _____

Main Contact Number: _____

Secondary Contact Number: _____

Emergency Contact Information #2

Last Name: _____ Relationship: _____

First Name: _____

Main Contact Number: _____

Secondary Contact Number: _____

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Availability & Areas of Interest	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> All Day	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Able to pick-up/fill in on additional days as needed	
Comments:	
<input type="checkbox"/> Central Huron <input type="checkbox"/> South Huron <input type="checkbox"/> North Huron <input type="checkbox"/> Stratford <input type="checkbox"/> Huron/Perth & Beyond	
<input type="checkbox"/> Adult Day Programs	<input type="checkbox"/> Transportation
<input type="checkbox"/> Meals on Wheels – Driver	<input type="checkbox"/> Meals on Wheels – Bag Packer
<input type="checkbox"/> Senior Fitness Instructor	<input type="checkbox"/> Blood Pressure Clinics
<input type="checkbox"/> Telephone Reassurance	<input type="checkbox"/> Wellness Instructors ie. Life Hikers & Nordic Poling
<input type="checkbox"/> Congregate Dining	
<input type="checkbox"/> Friendly Visiting	
Life Experiences	
Occupations:	
Volunteer Experiences:	
Relevant Skills/Training, Interests & Hobbies:	
General Information	
How did you hear about volunteering at ONE CARE?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media <input type="checkbox"/> Community Flyer <input type="checkbox"/> Church Bulletin <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth	
Other/Comments:	

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Volunteer Applicant – please provide the name and contact information for two reference checks. The Volunteer Supervisor will contact the individual to complete the questions.

Reference #1 Name:	Telephone:
Email:	Relationship:
Describe the Volunteer Applicant Characteristics:	
Working with the Vulnerable Population do you think the Volunteer Applicant would excel in this position?	
Is Volunteer Applicant reliable and will follow through with assigned tasks?	
Additional Comments:	

Reference #2 Name:	Telephone:
Email:	Relationship:
Describe the Volunteer Applicant Characteristics:	
Working with the Vulnerable Population do you think the Volunteer Applicant would excel in this position?	
Is Volunteer Applicant reliable and will follow through with assigned tasks?	
Additional Comments:	

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Interview will take place with the Volunteer Supervisor - Questions are to provide insight to your passion for service and ensure your fit with the program

Expand on Occupation, Volunteer Experiences & Interest/Hobbies

Why ONE CARE & the specific program selected?

ONE CARE clients are senior and adults with disabilities – why do you want to assist this population?

Your Volunteer Role is vital to ONE CARE delivering our services to clients – is there anything that we need to be aware of that might impact your reliability? (ie. medical conditions, vacation homes for seasons)

During your Volunteer shift you may receive confidential information about our clients – what steps would you take to ensure privacy is maintained?

Imagine you have a major personality conflict with someone at ONE CARE; how would you handle this? Who would you approach?

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Authorization for Collection of Personal Information

I, authorize ONE CARE to collect Personal Information appropriate to the position applied for concerning my volunteer experience, and to verify the character references I have supplied. I understand that the information obtained will be kept confidential. I hereby certify that the above information is true to the best of my knowledge. I agree to keep ONE CARE informed if any of the above information changes at any time. I understand that any willful falsification of information may result in termination of my volunteer assignment. **Initial:** _____

Confidentiality & Privacy

I, acknowledge that as a volunteer with ONE CARE Home and Community Support Services that I may have access to personal information about clients, their families, and employees/volunteers which is of a private and confidential nature. At all times, I will respect the privacy of clients, their families, and the agency itself. I will treat all ONE CARE clinical, administrative and financial information about clients, their families, and the agency itself as confidential information. I understand that if I breach confidentiality I may be subject to disciplinary action that may include termination of my volunteer role. **Initial:** _____

Volunteer Boundaries, Rights & Responsibilities

I, acknowledge that as a volunteer with ONE CARE Home and Community Support Services that I am responsible for ensuring I understand my role(s), rights and responsibilities as a volunteer. I am to ask for guidance from the Program Coordinators or Volunteer Supervisor if expectations are not clear and ensure to maintain a professional relationship with clients. I have reviewed the Continuum of Professional Behaviour and Rights and Responsibilities in the Volunteer Manual and understand that if I conduct myself in a manner that contradicts this training, I may be subject to disciplinary action that may include termination of my volunteer role. **Initial:** _____

Termination of Volunteer Services

I, understand that all volunteers are subject to corrective action or possible termination if their conduct as a volunteer with ONE CARE is deemed unacceptable as defined within organizational policies and guidelines. **Initial:** _____

Photo and Video

I, hereby consent to the use of my image and name, recording of my name, voice and comments in regards to the participation of programs and special events through ONE CARE. This information may be used for purposes as ONE CARE deems appropriate, including public relations and promotions. This may include public presentations, brochures, posters and media releases including newspapers, magazines, cablecast, and broadcast TV, radio, website, audio/video presentations. **Initial:** _____

Print Name: _____ Signature: _____ Date: _____