



Good Shepherd Ministries Volunteer Application Form

Personal Information

LAST Name		FIRST Name	
Address		City	Postal Code
Daytime Phone	Evening Phone	Email	Cell Phone
Religious Affiliation (if applicable):			

Emergency Contact Information *(In case of illness or injury)*

First + Last Name		Relationship to you	
Address		City	Postal Code
Phone Number <u>Daytime</u>		Phone Number <u>Evening</u>	
Email		Cell Phone	
Do you have any medical conditions about which the Good Shepherd Ministries needs to know?			

Volunteer Opportunities

Specific volunteer position applying for (title of position + day/time): (please explain what you are most interested in doing with your volunteer time and talent.)	
Explain briefly why you are well suited for this position.	
Availability during the week (days + times) <u>Minimum 2 hours/shift. All shifts end by 4:30pm</u> Please write down the time beside day(s)(example: 10:00 to 2:00pm or 2:00 to 4:30pm, etc)	
Mondays: to	Thursdays: to
Tuesdays: to	Fridays: to
Wednesdays: to	Saturdays: to
	Sundays: to
Please explain briefly why you want to volunteer at the Good Shepherd Ministries.	

Are there particular skills you'd like to use to make a difference to the Good Shepherd Ministries community and the work we do?

Related Experience: previous experience that you may have in work, school, training, or volunteering that may be helpful to your volunteering at Good Shepherd Ministries and be applicable to the position for which you are applying.

Volunteer Profile and History

Current Occupation	Employer/School Name
Education (highest level achieved)	
Hobbies and Interests	
Have you volunteered at Good Shepherd Ministries before? Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, in what area and when?	
Some positions require a minimum commitment of time. <ul style="list-style-type: none"> • I am able to make a commitment to volunteering for <input type="checkbox"/> months (number of months) • I am interested in special events/one day events only: <input type="checkbox"/> • I am interested in an ongoing position: <input type="checkbox"/> 	

References* **MUST** be filled in or application cannot be processed

Please list three references. Referees should be persons such as an employer, minister/clergy or supervisor at a place where you have volunteered. Please **do not list family members.**

1. Reference Name	Relationship and Years I've Known this person
Daytime Phone Number	Email
2. Reference Name	Relationship and Years I've Known this person
Daytime Phone Number	Email
3. Reference Name	Relationship and Years I've Known this person
Daytime Phone Number	Email

***Please inform your references that we may be contacting them so they are aware.**

Police Screening

Have you ever been convicted of an offence for which you have not been pardoned? If so, please give details:

Do you consent to a police records check? Yes No

(Please be advised that a police record does not necessarily disqualify you from volunteering.)

Please check here if you DO NOT wish to be contacted about fundraising activities:

Please check here if you wish to receive the *Good Shepherd Journal*:

- ✓ I have reviewed and agree to respect the Good Shepherd Ministries' Volunteer Guidelines & Code of Conduct, Code of Ethics, and Confidentiality Policy.
- ✓ I give permission for Good Shepherd Ministries to obtain personal information from my references as listed.
- ✓ I understand that there are additional forms that I may need to sign in order to begin my volunteer placement.
- ✓ I understand that there will be a standard three-month probation period for each volunteer position I assume.
- ✓ I understand that the volunteer/organization relationship can end at any time by either party and that this is not a contract of employment.
- ✓ I understand that Good Shepherd Ministries is unable to provide documentation for Ontario Works/ODSW Community Participation Allowance until I have consistently volunteered for a minimum of three months and will be done so at the discretion of Good Shepherd Ministries' management.

Signature:

Date:

Parent/Guardian Signature:

Date:

(if under 16)

Please Email, Mail or Fax to:

Rebecca Ferguson

Good Shepherd Ministries

412 Queen Street East, Toronto, ON M5A 1T3

Tel: 416-869-3619 ext. 262 Fax: 416-869-0510

rebecca@goodshepherd.ca

Thank you for applying. All applications are reviewed and applicants will be contacted for an interview if there is a suitable vacancy available. Filling out this application does not automatically constitute permission to begin volunteering. All information collected with this form is used to determine suitability for volunteer roles. This form and information obtained through references and police records checks (PRC) will be kept on file at Good Shepherd Ministries in a secure location. The information obtained through this form will not be shared with any outside organizations.

FALSE STATEMENTS OR OMISSIONS ARE GROUNDS TO TERMINATE THE RELATIONSHIP NO MATTER WHEN THEY ARE DISCOVERED. INFORMATION PROVIDED SHOULD BE TRUE AND COMPLETE.

We kindly ask volunteers to notify us of any changes to personal information on a prompt basis.

OFFICE USE	Confidentiality /Code of Conduct forms signed:	
Application signed & dated:	References received:	
Police Check processed:	Position Title:	
Supervisor:	Position Times/Days:	Start Date:



Screening Policy and Instructions

Volunteer screening consists of:

1. staff review of volunteer application form
2. Telephone screening is applicable
3. volunteer's review and agreement to abide by all Volunteer Guidelines
4. an interview process if a suitable potential match is apparent
5. three reference checks
6. police records check (thorough background check) for volunteers who are placed in a regular position.
7. a probationary period of three months for each role

A police records check is only one element of screening for volunteers.

Police Records Check Policy and Guidelines

Good Shepherd Ministries provides services to vulnerable persons (i.e., those whose social circumstances, are dependent on others or are at greater risk than the general population of being harmed by persons in positions of authority relative to them). It is our utmost duty and privilege to care for their well-being and safety in a responsible and secure manner. Good Shepherd Ministries has moral, ethical, and legal responsibilities to the people who use our programs and services, the people who provide those programs and services, and to the community at large.

All regular volunteers at Good Shepherd Ministries are required to consent to a police records check undertaken at the commencement of their volunteer time with the Good Shepherd Ministries and will not accept volunteers who refuse to comply with this request.

Volunteers who reside in localities outside of Toronto will be responsible to secure a police reference check with their regional police service and return the results as well as a receipt (for reimbursement) to the Good Shepherd Ministries, Fundraising Department.

The policy will apply to all regular volunteer and student placement candidates with the exception of:

- a. short-term special event volunteers
- b. group volunteers attending for short-term projects

Obtaining a police records check for all regular volunteers is considered a prudent measure as one element of a volunteer screening procedure and is used widely by most volunteer agencies serving vulnerable individuals.



Volunteer Code of Ethics

Good Shepherd Centre Ministries, its staff and volunteers are dedicated to the Brothers' mandate of "Charity Unlimited" for the men, women and children they serve. Good Shepherd Ministries – Toronto is committed to assist our clients to receive their most fundamental rights – physical, emotional and spiritual. In execution of this mandate, Good Shepherd Ministries – Toronto volunteers are expected to uphold the moral teachings of the Roman Catholic Church.

Good Shepherd Ministries – Toronto believes that the work, dignity and individuality of every person are sacred and therefore:

- No one will be discriminated against on the basis of race, religion, language, age, disability, national origin, marital status, gender, sexual orientation, socio-economic background or circumstance.
- Duties, obligations and responsibilities will be fulfilled with integrity. The highest possible quality of service is expected.
- Clients will be served in a conscientious, respectful and efficient manner.
- Report to Supervisor or Fundraiser, Events and Resources any area of concern regarding the physical, psychological and social well-being of clients and colleagues, any circumstances in their environment which could jeopardize their health and safety.
- To refuse any gift, favour or hospitality from clients which could be interpreted as seeking to influence or to obtain preferential treatment.
- Under no circumstance are volunteers to engage in personal relationships with clients, this may include offering money, rides, counselling, or any form of a romantic relationship.
- All information regarding clients, staff, volunteers, and benefactors will be held in confidence. Information will not be disclosed without authorization except as mandated by law; or to prevent a clear and immediate danger to the client or other.
- The findings, views and actions of colleagues will be treated with respect. Disagreements will be resolved through appropriate channels.

While we recognize that there may be a clear distinction between individual opinion and that of the organization, all employees and volunteers must adhere to the policies of Good Shepherd Ministries – Toronto.

I, the undersigned, freely accept these Code of Ethics, which I will personally implement.

Name

Witness

Date

Date

Signature

Signature



Volunteer Confidentiality Policy

Good Shepherd Ministries endorses the right of all persons to privacy in matters pertaining to their individual character. We will maintain a process to ensure confidentiality with personal information regarding our clients, staff, volunteers, associates and benefactors.

Information regarding our benefactors will be held in strictest confidence. Requests for information must be directed to the Executive Director.

Information pertaining to our clients will not be released to outside persons or agencies or to unauthorized persons within the agency without our written consent and/or the consent of the client except to follow legal or emergency guidelines. All memoranda, notes, reports, or other documents compiled on our clients will remain part of our confidential records.

Personal or identifying information regarding our staff, volunteers, clients, associates and benefactors (such as, but not limited to, names, addresses, phone numbers or salaries) will not be released to persons not authorized by the nature of their duties to receive such information. Such information will not be released to outside persons or agencies without consent. The only exception to this policy will be to meet legal requirements or in an emergency situation.

The undersigned agrees as a condition of voluntary service to enact this confidentiality policy and will refer the matter to his/her supervisor if there are questions regarding disclosure of information.

I, the undersigned, freely accept this Volunteer Confidentiality Policy.

Name

Witness

Date

Date

Signature

Signature



POLICE REFERENCE CHECK PROGRAM

*****CONSENT TO DISCLOSURE OF PERSONAL INFORMATION*****

TO BE USED ONLY TO ASSIST THE AGENCY TO DETERMINE THE SUITABILITY OF SUCCESSFUL, CANDIDATES FOR EITHER FULL OR PART-TIME EMPLOYMENT AND/OR VOLUNTEER DUTIES, (INCLUDING AGENCY BOARD MEMBERS AND CONTACT MEMBERS) HAVING DIRECT CONTACT WITH CHILDREN OR VULNERABLE PERSONS.

SURNAME		GIVEN NAMES			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)		DATE OF BIRTH	YY	MM	DD
PLACE OF BIRTH	SEX	(AREA CODE) TELEPHONE # (RES.)	DRIVER'S LICENCE NUMBER		
NUMBER	STREET	APT/UNIT #	CITY THIS	POSTAL CODE	YEARS AT ADDRESS:

*** (PROVIDE PREVIOUS ADDRESSES IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)

NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:
NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:

WAIVER & RELEASE

I HEREBY REQUEST THE TORONTO POLICE SERVICE TO UNDERTAKE A POLICE REFERENCE CHECK ON ME BY SEARCHING THE APPROPRIATE DATA BANKS BOTH, NATIONAL AND LOCAL TO WHICH THE SERVICE HAS ACCESS, AND PROVIDE ME WITH A SUMMARY OF ANY INFORMATION REVEALED PURSUANT TO THE POLICE REFERENCE PROGRAM. IN THE EVENT NO INFORMATION ABOUT ME IS FOUND AS PART OF THAT CHECK, I CONSENT TO THE TORONTO POLICE SERVICE DISCLOSING THAT FACT TO THE ORGANIZATION IDENTIFIED BELOW. IN THE EVENT THAT PERTINENT INFORMATION IS PROVIDED TO ME, I CONSENT TO THE TORONTO POLICE SERVICE DISCLOSING THAT FACT TO THE ORGANIZATION IDENTIFIED BELOW. PERTINENT INFORMATION MAY INCLUDE APPREHENSIONS UNDER THE MENTAL HEALTH ACT.

I ALSO CONSENT TO A SEARCH BEING MADE IN THE AUTOMATED CRIMINAL RECORDS RETRIEVAL SYSTEM MAINTAINED BY THE RCMP TO FIND OUT IF I HAVE BEEN CONVICTED OF AND BEEN GRANTED A PARDON FOR ANY OF THE SEXUAL OFFENCES THAT ARE LISTED IN THE SCHEDULE TO THE CRIMINAL RECORDS ACT. IF I AM SUSPECTED OF BEING THE PERSON NAMED IN THE CRIMINAL RECORDS FOR ONE OF THE SEXUAL OFFENCES LISTED IN THE SCHEDULE TO THE CRIMINAL RECORDS ACT IN RESPECT OF WHICH A PARDON WAS GRANTED OR ISSUED, I WILL BE REQUESTED TO PROVIDE FINGERPRINTS TO CONFIRM THAT RECORD AND THAT RECORD MAY BE PROVIDED BY THE COMMISSIONER OF THE RCMP TO THE SOLICITOR GENERAL OF CANADA, WHO MAY THEN DISCLOSE ALL OR PART OF THE INFORMATION CONTAINED IN THAT RECORD TO THE TORONTO POLICE SERVICE OR OTHER AUTHORIZED BODY. I UNDERSTAND THAT THE TORONTO POLICE SERVICE WILL THEN DISCLOSE THAT INFORMATION TO ME AND THE AGENCY FOR VIEWING AS PART OF THE DETERMINATION AS TO MY SUITABILITY FOR THE POSITION I AM APPLYING FOR.

REASON FOR REQUEST:

IN HOME PLACEMENT EMPLOYMENT VOLUNTEER OTHER: (PLEASE SPECIFY)

NAME OF AGENCY: _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF WITNESS _____

SIGNED THIS _____ DAY OF _____, 20__

Name of Contact Person & Phone Number

PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND DISCLOSED PURSUANT TO THE POLICE SERVICES ACT, THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND THE CRIMINAL RECORDS ACT AND WILL BE USED TO DISCLOSE PERSONAL INFORMATION ONLY TO THE PERSONS OR AGENCY SO DESIGNATED BY THE WRITTEN CONSENT OF THE APPLICANT. QUESTIONS SHOULD BE DIRECTED TO: POLICE REFERENCE CHECK PROGRAMME, (416)808-7991. MAIL WAIVER TO THE TORONTO POLICE SERVICE, 40 COLLEGE ST. TORONTO, ONT. M5G 2J3. THIS INFORMATION MAY OR MAY NOT PERTAIN TO THE SUBJECT OF THIS INQUIRY. POSITIVE IDENTIFICATION CAN ONLY BE CONFIRMED THROUGH SUBMISSION OF FINGERPRINTS.