



**GOOD SHEPHERD
MINISTRIES™**
WELCOME HOMELESS

GOOD SHEPHERD MINISTRIES VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

LAST Name		FIRST Name	
Address		City	Postal Code
Daytime Phone	Evening Phone	Email	Cell Phone

EMERGENCY CONTACT INFORMATION *(In case of illness or injury)*

First + Last Name		Relationship to you	
Address		City	Postal Code
Phone Number		Email	
Doctor		Phone Number	
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
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.

It's important to know that former clients of Good Shepherd Centre must be out of service for a period of 12 months in order to qualify for volunteering (this includes meals, dorms, clothing room, medical clinic, etc). There are a number of other organizations that need volunteers and we will be happy to give you a list of those agencies.

VOLUNTEER PROFILE AND HISTORY

Current Occupation	Employer/School Name
Education (highest level achieved)	
Languages spoken fluently (other than English)	
Hobbies or 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 _____ 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? Do you have a pending charge?
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 (If under 16): _____

Date: _____

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: 416-869-3680

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 GoodShepherd 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 Ministries - Toronto is a mission of the Hospitaller Order of St. John of God. The organization, its co-workers and volunteers are dedicated to provide services to individuals who seek its support. Good Shepherd Ministries – Toronto is committed to assist people in receiving 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

The nature of services provided by Good Shepherd Refuge Social Ministries and the conditions of outside agency funding, privacy legislation and Good Shepherd Ministries policy requires that information be handled in a private and confidential manner;

All memoranda, notes, letters, reports, CCTV files, records, computerised programs, electronic files and data, along with all other data and documents compiled in the course of operations of Good Shepherd Ministries and in its dealings with its clients and other third parties are the property of Good Shepherd Ministries and form part of its confidential records.

I, _____, understand that in the course of the performance of my duties as a student, employee, contractor, volunteer, program participant or associated member retained by Good Shepherd Ministries, I will be working with, exposed to and/or have access to private and confidential information. I agree that I will not use that private and confidential information for any purpose other than in the normal course of my responsibilities without the express written permission of the Executive Director of Good Shepherd Ministries.

I acknowledge that during my assignment/employment with Good Shepherd Ministries, I may have access to personal or identifying information that is of a private and confidential nature. I will at all times respect and protect the privacy and confidentiality of staff, volunteers, clients, residents, donors, associated members, the agency and its agents. I will not release information without the consent of the person concerned and the written authorization of the Executive Director, except in an emergency situation or as mandated by law. I recognize that a privacy breach may also include the release of information even if I have not revealed the person's name.

I understand that violations of privacy and confidentiality may include but are not limited to:

- Accessing, copying or storing of information that I do not require for my work with Good Shepherd Ministries
- Misusing information
- Disclosing information, in any form, without proper authorization
- Recklessly handling information so that it may be seen, used or overheard by unauthorized persons. Case discussion, sharing of information on staff, volunteers, clients or the agency must only be carried out in a private area
- Altering, without reason and/or authorization, information of residents, clients, donors, or other employees
- Disclosing to another person computer access codes such as my user name and password enabling or potentially enabling unauthorized access to information
- Allowing an unauthorized person to have access and/or use of my assigned keys, general access codes, cards or systems

I will only access, use and transmit private and confidential information using the organization's authorized hardware, software or other equipment. I acknowledge that this action requires the authorization of the Department Director and the approval of the Executive Director or designate.

...../cont'd

I agree to hold in confidence any and all information and materials relating to or arising out of projects or work performed by me for Good Shepherd Ministries except for confidential information which was in the public domain or enters into the public domain through no improper act on my part.

I agree that no photographs or videotaping and/or digital imaging of clients, residents, staff, volunteers, visitors, placement students, or associated members may be taken or used without the express permission of those being photographed or videoed.

I will immediately report to the Department Director/Manager any breaches, or potential breaches, in privacy or confidentiality that I may come across during the normal course of my assignment/employment with Good Shepherd Ministries.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even when I cease to have an association/employment with Good Shepherd Ministries. If there are questions regarding disclosure of information, I understand that I must refer the matter to the Executive Director or designate for clarification. I understand that any breach of this agreement will subject me to disciplinary action that may include termination of my association/employment with Good Shepherd Refuge Social Ministries and in the case of a severe breach of privacy and confidentiality the possibility of legal proceedings being brought against me.

Dated at (city) _____, Ontario this _____ day of _____, 2015.

Name (print) _____ Signature _____

Witness (print) _____ Signature _____

Name

Date



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 employment and/or volunteer duties (including Agency board members and contact members) where individuals will have direct contact with children or vulnerable persons.

LAST NAME (Surname)		GIVEN 1 (FIRST NAME)	
GIVEN 2 (MIDDLE NAME)		GIVEN 3	
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)		DATE OF BIRTH YY MM DD	
PLACE OF BIRTH	Gender	(AREA CODE) TELEPHONE # (RES.)	DRIVER'S LICENCE NUMBER
NUMBER	STREET	APT/UNIT #	CITY POSTAL CODE YEARS AT THIS 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:

REASON FOR REQUEST: EMPLOYMENT VOLUNTEER STUDENT OTHER (PLEASE SPECIFY)

Agency name: _____

WAIVER & RELEASE TO BE SIGNED BY INDIVIDUAL APPLYING FOR REFERENCE CHECK:

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 to provide me with a summary of any information revealed pursuant to the Police Reference Check Program. I understand that, in addition to information on any previous convictions against me, information on charges that are ongoing will be disclosed in my reference check. More information on the Police Reference Check Process or the categories of information that may be disclosed in a reference check is available at www.torontopolice.on.ca or by calling (416) 808-7991. I understand that the results of my reference check will be mailed only to me at the current address that I provide above.

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.

SIGNATURE OF APPLICANT AUTHORIZING REFERENCE CHECK TO BE CONDUCTED:

 SIGNATURE OF APPLICANT

 SIGNATURE OF WITNESS (agency employee)

SIGNED THIS _____ DAY OF _____, 20 _____

 Name of Agency Contact Person

 Phone Number

Forms not initialed and signed as required will not be processed. Please provide a copy of the executed form to the applicant.

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 applicant upon receipt of the applicant's written consent. Questions should be directed to: Police Reference Check Programme, (416)808-7991. Additional information is also available on the Service's website at www.torontopolice.on.ca. This information may or may not pertain to the subject of this inquiry. Positive identification can only be confirmed through submission of fingerprints. **This is a detailed account of Canadian police information only for the above named applicant. If the applicant has resided in any country outside of Canada a separate vulnerable sector screening would need to be applied in each of those countries identified.**

PLEASE HAND PRINT YOUR COMPLETE NAME AND MAILING ADDRESS (AS SHOWN IN ABOVE ADDRESS BOX) IN THE BOX BELOW

DO NOT WRITE IN THIS AREA
