



Children's Aid Society
La Société d'aide à l'enfance
LONDON & MIDDLESEX

2018

RE: Prospective Volunteer

Dear Prospective Volunteer:

Thank you for inquiring about becoming a volunteer with The Children's Aid Society (CAS) of London & Middlesex. We have some exciting volunteer opportunities, and we are excited you have taken an interest in one or more of our various roles.

Below you will find a **Volunteer Application form**. Please complete this form and return it to my attention. You can submit your application by mail, email, fax or in person. Please note that all applications will be confidential. When completing the "References" section, please ensure that you include two personal references as well as one academic / employment / volunteer reference. We require you to complete the **Request for Record Check form** authorizing us to complete an Internal Record Check. The Children's Aid Society provides a wide range of services (e.g. foster, adoption, family counseling and child protection services), and it is not unusual for people in the community to have had previous contact with the Society.

The London CAS has a responsibility to ensure the safety and well-being of children; therefore, as part of the screening process, we require a **Police Vulnerable Sector Check** that needs to be completed specifically for our agency; the volunteer will be reimbursed \$15.00. A signed **Confidentiality Agreement** is required during the interview process. **Proof of a valid "G" driver's license / insurance information / driver's abstract** must be completed for volunteers who wish to drive children.

All prospective volunteers will be required to complete mandatory **Accessibility for Ontarians with Disabilities (AODA) training**. We will provide you with more information on AODA training once your application and required documents have been received. A personal interview will also be scheduled at this time.

Thanks again for your interest in volunteering with the Children's Aid Society of London & Middlesex. Should you have any questions, please feel free to call me directly, or speak with the staff in Volunteer Services.

Sincerely,

Joannie Pearson
Volunteer Coordinator

JP/bp
Enclosures

VOLUNTEER APPLICATION

Personal Data

Title (e.g. Mr., Ms., Mrs., Dr., Rev.) _____

Name _____

Permanent Address _____ Temporary Address _____

City / Province _____ City / Province _____

Postal Code _____ Postal Code _____

Phone #'s (please check preferred)

Home _____ Work _____ Cell _____

E-Mail Address _____ Use for Contact? Yes No

Are you over 18 years of age? Yes No Do you have a valid "G" Drivers License? Yes No
Do you smoke Yes No Do you have a smoke free vehicle Yes No

Volunteering Interests - Please check off all area(s) in which you are interested in volunteering

- Directly with children and families
 - All ages
 - Preschool (age 0 – 5)
 - School age (age 6 – 12)
 - Teens (age 13 – 17)
 - Youth (age 18 – 21)
 - Adults
- Administrative / Clerical
- Special Events
- Are you interested in a specific volunteer role? _____

Skills and Knowledge - Please check off all areas that apply to you, and provide details

- Languages (other than English) _____
- Culture / Religion (optional) _____
- Child development / management _____
- Recreation e.g. sports, music, arts, crafts, hobbies _____
- Administrative skills e.g. typing wpm, filing, computer _____
- Fundraising / Writing / Media/Marketing _____
- Fundraising/Special Events _____
- Medical training _____
- Teaching / Mentoring _____
- Counselling _____
- Other _____

Education

Institution / Program	Completed?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other courses, workshops, seminars e.g. First Aid / CPR	

Employment / Volunteer Experience

Present / Last Organization	Role	Main Responsibilities	Start / End Date
<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			
<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			
<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			

References

Please list 3 references. One reference can be employment, volunteer or education related. The other two references must be personal – **people who have known you for at least one year, over age 18, and not relatives or members of your family.** We will contact your references via email, so please include email addresses. Thank you.

Name	Complete Mailing Address (Including Unit, Postal Code) & Email Address	Phone #
		Home Work:
		Home Work:
		Home Work:

I hereby declare that the foregoing information is true and complete to my knowledge.

Signature _____ Date _____

VOLUNTEER REQUEST FOR RECORD CHECK

As the Children's Aid Society of London and Middlesex provides a wide range of services (e.g. foster, adoption, family counselling and child protection services), it is not unusual that volunteers may have had previous contact with the Society. In order to ensure your confidentiality, please complete this Volunteer Record Check Form. If a file exists, it will be moved to a secure location during your term of service.

First Name	
Middle Name	
Family Name	
Other Names:	
e.g. Birthname, Adoptive Name, Other Marriages	
Date of Birth	

Current Address

City, Province	
Postal Code	
Phone Number	

I hereby give authorization to the Children's Aid Society of London and Middlesex to complete an internal record check.

Signature _____

Date _____

Note: To be completed by all volunteers..

To be completed by Volunteer Services:

Based on the information provided, this is to certify that the above-mentioned person, whose signature appears above, does does not have a record with the Children's Aid Society of London and Middlesex.

Signature _____

Date _____