



Kinsmen Club of Brantford

Serving the Communities Greatest Needs

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with our agency. *Many hands make light work.* Volunteers play a vital role in the delivery of our programs. All volunteer applications are reviewed with consideration of current volunteer opportunities. Applications are kept on file

Personal Data

Name: _____ Age: _____
Mailing Address: _____ City/Prov: _____ Postal Code: _____
Telephone: (H): _____ (C): _____ E-Mail: _____

The minimum age for volunteers is 14, and students can use their volunteer hours toward their required community service hours.

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____
Phone: (H) _____ (C) _____

Please fill in the information below indicating the times you are available to volunteer along with your job preference(s). We will do our best to accommodate your request. _____

Conditions of Volunteer Placement (please read carefully)

1. I agree to comply with volunteer services requirements and policies as outlined in the orientation manual, position description.
2. I will be punctual and carry out my duties to the best of my abilities
3. I will notify a supervisor of any necessary absences of my services in as far in advanced as possible.
4. I will wear any ID and attire provided to myself during the event.
5. Prior to starting my volunteer placement, I will attend any orientation that is required.
6. As a volunteer for Kinsmen I agree to abide by and follow the Kinsmen privacy code and Kinsmen code of conduct.
7. As a volunteer for Kinsmen I agree to hold in strict confidence, any confidential information that I may come into contact with in my role as volunteer.
8. It is my responsibility to update any address, emergency or other changes to the information on this form.

I, _____ (**Name of Participant**) understand and assume all risks and hazards incidental to my participation, including transportation to and from the activities and I waive, release, absolve of indemnity and agree to hold harmless the Kinsmen Club of Brantford, their respective officers, employees, other participants, and sponsors, for any claim arising out of an injury or accident.

I give permission for my photograph to be used by the Kinsmen Club of Brantford, in the event of any publicity involving the activity of the Kinsmen Club of Brantford or promotional materials used by the Kinsmen Club of Brantford, which may include media uses i.e. Brantford Expositor, Rogers Cable etc. Yes No

By signing this form I am acknowledging that there will be no monetary compensation or free use of facilities, for the use of any photograph(s).

Signature: _____ Date: _____
Parent/Guardian Signature: _____ (**The parent/guardian signature is only required for youth under 18 years of age.**)

The information on this application is collected to determine eligibility for volunteer opportunities and to safely, effectively, and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy legislation Municipal Act, R.S.O.1980, c.302 (as amended).

RETURN FORM TO: Kinsmen Club of Brantford, 25 North Park Street, Brantford, Ontario, N3R 4J4

Email: info@brantfordkinsmen.ca. Attention: Volunteer Coordinator