

FCSS Volunteer Program

Volunteer Registration Form

Name: (Mr) (Mrs) (Ms) _____			
Address: _____			
City: _____		Postal Code: _____	
Phone: _____		Cell phone: _____	
Work: _____			
E-Mail: _____		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Volunteer Experience		Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French	
		Other	
Educational/Training Background			
Employment Experience			
Availability: Day of week am - pm - Evening - Weekend			
Work or Volunteer Related References			
Name	Phone#	Relationship	Year Known
1)			
2)			
Do you give permission FCSS to contact the above references?		Yes	No
List any special skills/talents that you would be willing to share			
I would like to Volunteer for the following FCSS Programs:			
<input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Community Resource Directory <input type="checkbox"/> Community Welcome <input type="checkbox"/> DSS Reception Center		Special Events /Programs <input type="checkbox"/> Seniors Week <input type="checkbox"/> Volunteer Appreciation <input type="checkbox"/> Community Christmas Hamper	

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CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION FOR VOLUNTEERS

I, the undersigned, grant irrevocable permission to FCSS to use the following information in brochures, displays, publications, facility displays, advertisements and promotions (including electronic media display/promotion):

I give my consent to the release of my name Yes No

I give my consent to the release of my photograph Yes No

**This authorization must be signed by the individual about whom the above information is being collected, used or disclosed or by the legally authorized representative in the case of a minor or other individual not legally able to sign for themselves.*

Applicant Signature

Date

Oath of Confidentiality

As a volunteer in FCSS, I will keep in confidence information concerning Community residents affairs and will abide by the policies and guidelines outlined to me.

Applicant signature

Date

Date Interviewed:

Approved: Yes No

Comments:

References Contacted:

#1 Recommended Yes No **#2** Recommended Yes No

RCMP Checks: Completed No Record Record