



# Application Package

# Volunteer



Dear Volunteer Applicant,

Thank you for applying to be a volunteer with Compassion Society of Halton (CSH).

The procedure for becoming a volunteer includes the following steps:

1. Completion of an Application form which includes a media release
2. Completion of a Confidential Reference form by two individuals
3. Completion of Volunteer Permission and Release form
4. Completion of Volunteer Agreement form which includes a confidentiality agreement
5. On site orientation and training
6. Drop off application to 1881 Fairview Street during open hours, or email to [volunteer2.compassion@gmail.com](mailto:volunteer2.compassion@gmail.com)

Once we receive your application and reference forms we will contact you.

Once again, thank you for choosing Compassion Society of Halton. We look forward to meeting you.

Sincerely,

Angie Milne  
Volunteer Coordinator  
Compassion Society of Halton  
905-592-3722  
1881 Fairview Street  
Units 4 and 5  
Burlington, ON L7S 2K4  
[volunteer2.compassion@gmail.com](mailto:volunteer2.compassion@gmail.com)

***“HELP.***

***WHERE it's needed.***

***WHEN it's***

***needed.”***



## Application Form

Please print clearly:

DATE: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
May we call you at work? Yes ☐ No ☐ if yes, what is the best time: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone number: \_\_\_\_\_

2. Highest level of education completed (optional): \_\_\_\_\_  
Name of School: \_\_\_\_\_

3. Have you ever used the services or programs of CSH? Yes ☐ No ☐  
If so, when? \_\_\_\_\_

4. Why have you chosen to volunteer at CSH? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Previous Volunteer Experience

| Year started | Year ended | Organization | Position |
|--------------|------------|--------------|----------|
|              |            |              |          |
|              |            |              |          |

6. Are you currently employed? (Optional) Yes ☐ No ☐ Student ☐  
If employed- Employer: \_\_\_\_\_ PT ☐ FT ☐  
Primary duties: \_\_\_\_\_
7. Languages spoken fluently other than English: \_\_\_\_\_
8. Hobbies or skills: \_\_\_\_\_



9. **Personal References**

**Please provide and attach two REFERENCE LETTERS OR COMPLETED CSH REFERENCE FORMS.**

(Please do not use more than one relative or CSH staff as a reference)

Please note: If you fail to provide two references, your application may not be processed.

10. **General data:**

For what volunteer position are you applying? \_\_\_\_\_

What time commitment are you looking for? Less than 6 months \_\_\_\_\_, 6-12 months \_\_\_\_\_,

More than 1 year \_\_\_\_\_

Are you 13-17 Years of Age?

Yes

☐

No

☐

Are you 18-23 Years of Age?

Yes

☐

No

☐

Are you 24 years of age or older?

Yes

☐

No

☐

When is your available volunteer time?

Mornings, 9:00 AM to Noon

Yes

☐

No

☐

Afternoons, Noon to 3:00 PM

Yes

☐

No

☐

Evenings 4:00PM to 7:00 PM

Yes

☐

No

☐

Special Events

Yes

☐

No

☐

Weekends

Yes

☐

No

☐

11. **Media Release**

Please note: While you are volunteering on or off site, we often take photos for publicity reasons. The photos may be used on Compassion Society social media accounts, including Facebook, Instagram, posters, brochures and the Company website.

**Declaration of Accuracy of Information and Release of Information Authorization**

**TO WHOM IT MAY CONCERN**

I hereby, certify that the facts set forth in the above Volunteer Application are true and complete to the best of my knowledge. I Understand that if placed, falsified statements on this Application Form may disqualify me from my volunteer involvement or Become just cause for my dismissal and there shall not be any claims made against CSH or any further legal obligation placed On CSH as a result of taking such action. This further authorizes CSH to make any inquiries usually required to determine my Suitability for volunteer placement as well as to contact any references and/or others to release to CSH any information which Will assist CSH to determine my suitability for volunteer placement. I acknowledge and accept that this application does not Guarantee acceptance into the program, and that CSH is under no obligation to accept or assign me as a volunteer in their



Program, and is not obliged to provide a reason.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Signature of parent/guardian (if applicable): \_\_\_\_\_



## Volunteer Permission and Release Form

I hereby authorize the Compassion Society of Halton (CSH) to contact any or all of the references submitted for the purposes of processing my application to become a volunteer at CSH. I understand that these references will be contacted in confidence. I hereby waive the right to request disclosure of the personal references given about me. CSH reserves the right to request more references.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that CSH is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I understand this application and subsequent information in my file is the property of CSH.

I understand the implications of this waiver and consent to them. I further agree that this waiver is made of my own free will and without duress.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Parent/Guardian if applicable

\_\_\_\_\_  
Signature of Parent/Guardian if applicable

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



# COMPASSION SOCIETY OF HALTON

## VOLUNTEER AGREEMENT

*Thank you for choosing the Compassion Society of Halton (CSH): This agreement is intended to indicate to you the seriousness with which we treat our volunteers. The intent of this agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the best we can to make your volunteer experience with us a productive and rewarding one.*

### **AGENCY**

Upon acceptance as a volunteer of CSH, we (CSH) will commit the following:

1. To provide information, training, assistance and support for the volunteer to be able to meet the responsibilities of the position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To treat volunteers as valuable members of the team, jointly responsible for the completion of our Mission.
4. To be receptive to any feedback from volunteers regarding ways in which we might better accomplish our Respective tasks.
5. To respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these Individual requirements.

### **VOLUNTEER**

I, \_\_\_\_\_, upon acceptance into CSH, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To Have knowledge and understanding of CSH Policies and Procedures as outlined in the Volunteer Manual, including specific requirements, policies and procedures relating to my placement.
3. To respect the privacy of all persons, including staff, fellow volunteers and clients who are served at the CSH. Hold in confidence all information obtained, or observed, including the knowledge of clients who receive service. Refrain from discussing the clients, volunteers or donors outside of the Compassion Society. This commitment shall continue after leaving the placement at CSH.
4. To meet time and duty commitments, or to provide adequate notice.
5. To advise the Manager of any occurrence or event, which may negatively affect my performance as a Volunteer.

*This agreement may be cancelled at any time at the discretion of either of the parties.*

\_\_\_\_\_  
Name of Volunteer

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Signature of Parent /Guardian (if applicable)

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



## Confidential Reference

Name of Reference:

Telephone:

\_\_\_\_\_ has applied to be a volunteer with the Compassion Society of Halton (CSH) and has given your name as a reference.

CSH Volunteers accept and share responsibility with the CSH for the needy of their community. Volunteers assist in serving: women and children fleeing domestic violence, hungry families, homeless youth and adults, individuals experiencing mental health or physical health issues, the frail elderly and the terminally ill.

1. Relationship with applicant? \_\_\_\_\_

2. Have you found the applicant to be reliable and responsible in terms of commitment to others?

\_\_\_\_\_

\_\_\_\_\_

3. Check the words that best describes the applicant:

☐ Friendly

☐ sense of humour

☐ thoughtful

☐ patient

☐ Caring

☐ good listener

☐ judgemental

☐ accepting

☐ Compassionate

☐ self-reliant

☐ controlling

☐ empathetic

☐ List other qualities or skills \_\_\_\_\_

4. Do you know of any reason why he/she would not be suitable as a volunteer with CSH?

\_\_\_\_\_

\_\_\_\_\_

5. Is there any additional information which would be helpful to know considering this volunteer for a role with CSH?

\_\_\_\_\_



## Confidential Reference

Name of Reference:

Telephone:

\_\_\_\_\_ has applied to be a volunteer with the Compassion Society of Halton (CSH) and has given your name as a reference.

CSH Volunteers accept and share responsibility with the CSH for the needy of their community. Volunteers assist in serving: women and children fleeing domestic violence, hungry families, homeless youth and adults, individuals experiencing mental health or physical health issues, the frail elderly and the terminally ill.

1. Relationship with applicant? \_\_\_\_\_

2. Have you found the applicant to be reliable and responsible in terms of commitment to others?

\_\_\_\_\_

\_\_\_\_\_

3. Check the words that best describes the applicant:

- |                                                               |                                          |                                      |                                     |
|---------------------------------------------------------------|------------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Friendly                             | <input type="checkbox"/> sense of humour | <input type="checkbox"/> thoughtful  | <input type="checkbox"/> patient    |
| <input type="checkbox"/> Caring                               | <input type="checkbox"/> good listener   | <input type="checkbox"/> judgemental | <input type="checkbox"/> accepting  |
| <input type="checkbox"/> Compassionate                        | <input type="checkbox"/> self-reliant    | <input type="checkbox"/> controlling | <input type="checkbox"/> empathetic |
| <input type="checkbox"/> List other qualities or skills _____ |                                          |                                      |                                     |

4. Do you know of any reason why he/she would not be suitable as a volunteer with CSH?

\_\_\_\_\_

\_\_\_\_\_

5. Is there any additional information which would be helpful to know considering this volunteer for a role with CSH?

\_\_\_\_\_