MEMO

From: Ang Elley
Subject: Volunteer Application

Welcome to Chatham-Kent Children's Services. We are a multidisciplinary agency serving the children and families of Chatham-Kent. We are working with our community to strengthen families and promote the well being and safety of children and youth.

Thank you for offering to volunteer with us. We value our volunteers and pride ourselves in having a dynamic team of dedicated individuals.

As a volunteer candidate, you are required to complete the Volunteer Application. Please drop it off or mail it to: 495 Grand Ave. West, Chatham Ontario N7L 1C5.

A 'Volunteer Screening Information' form has also been included with this application package; you will be required to submit the completed form. Please ensure you have the requested information completed in full. The information will be used to start the screening process for direct service volunteers. You are also required to complete the consent form in order to be added into the CPIN database and consent for child welfare records checks to be completed.

You will also be required to submit proof of a Police Records Check. This process can now be completed online. Please go to www.ckpolice.com and request a Vulnerable Sector Police Clearance. There will be a small fee for this service. Keep your receipt for reimbursement when you begin your volunteer placement.

If you have any questions or concerns or would like more information, please do not hesitate to contact me at 519 358 4554.
CHATHAM-KENT CHILDREN’S SERVICES
VOLUNTEER/ STUDENT APPLICATION

Full Legal Name: _______________________________________________________

Address: _______________________________________________________________

Home Tel: ___________________ Postal Code. ______________ Bus. Tel: ____________

email address: ____________________________ Place of Birth: _______________

Over 18 years of age __YES __NO Are you eligible to work in Canada? _______

Language Preferences: ___ English spoken ___ English written ___ French spoken ___ French written
___ Other: ______________________

Employment: Present/previous employment field, community or volunteer involvement
______________________________________________________________________
______________________________________________________________________

Other skills, experience and special interests:
______________________________________________________________________
______________________________________________________________________

Education: Please give a brief outline of your educational background
______________________________________________________________________
______________________________________________________________________

Why do you wish to become a volunteer?
______________________________________________________________________
______________________________________________________________________

What type of Volunteer work are you presently interested in?
Child Care ________
Tutor ____________
Clerical Support ____________  
Special Projects _________  
Volunteer Driver _________  

- If you are interested in becoming a Volunteer Driver do you have a valid Driver’s license and Insurance?

________________________________

From what source did you learn about our volunteer program?

______________________________________________________________________

Are you able to volunteer:

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Additional information concerning available time:

______________________________________________________________________

______________________________________________________________________

Signature: _________________________  Date: ____________

DD       MM       YR

Witness: _________________________  Date: ____________
The following information will be used in our screening process for volunteers applying to work in direct service positions.

Name: _________________________________ Date of Birth: _____________

First    Middle    Last    DD    MM    YR

Marital status: ________________________ Previous Names: ____________

Single, Married, Separated, Divorced

Spouse/Partner: ________________________ Date of Birth: _____________

DD    MM    YR

Children: ______________________________ __________________________

D.O.B.: ______________________________ ______________________________

DD    MM    YR    DD    MM    YR    DD    MM    YR

Mother: ______________________________ Father: ________________________

D.O.B.: ______________________________ D.O.B.: ________________________

DD    MM    YR    DD    MM    YR

Brothers/Sisters: ______________________________ __________________________

D.O.B.: ______________________________ ______________________________

DD    MM    YR    DD    MM    YR    DD    MM    YR

References: Must be over 18 years of age and a non-relative.

1. __________________________________________ Name        Phone #        Relationship to You

2. __________________________________________ Name        Phone #        Relationship to You

In case of emergency contact:

__________________________________________________________________________
Name        Address        Phone #

In completing this Volunteer Screening Information form, I hereby permit the Volunteer Coordinator of the Chatham-Kent Children’s Services to contact the persons named as references and also to make inquiries as may be deemed necessary to ascertain my suitability as a direct service volunteer. I understand that this information will be held in confidence. I also permit the Children’s Aid Society to complete a record check to ascertain any child welfare history to review.

Signature: __________________________________________ Date: __________________________

Witness: __________________________________________ Date: __________________________
Dedicated to making Chatham-Kent the safest community in Ontario

BACKGROUND CHECKS

CAN NOW BE DONE ON-LINE

WWW.CKPOLICE.COM

CLICK ON THE LINK “GET CLEARED”

TO ACCESS THE REGISTRATION SITE.

PAID ON-LINE BY CREDIT CARD / VISA DEBIT / OR INTERACT
Child Protection Information Network (CPIN) Consent

I, ____________________________________________,

i. Do acknowledge that the Consent requirement has been fully explained to me.

ii. Do understand that, in order to proceed with the application process to become a Volunteer, I must grant, and willingly do consent to Chatham-Kent Children’s Services conducting a search in the Child Protection Information Network (CPIN) database.

iii. Do understand that, in order to proceed with the application process to become a Volunteer, I must grant, and willingly do consent to the information pertaining to me, being entered permanently into the Child Protection Information Network (CPIN) database, by Chatham-Kent Children’s Services.

__________________________________________  ____________________________________________
Signature of person signing Consent          Signature of Witness

__________________________________________  ____________________________________________
Date                                          Date