

PARKWOOD GARDENS NEIGHBOURHOOD GROUP

VOLUNTEER INFORMATION FORM

Name: _____ Date: _____

Birthdate (MM/DD/YY): _____

Address: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Please list your reason(s) for wanting to volunteer with Parkwood Gardens Neighbourhood Group:

Which program(s) are you interested in volunteering for? **(Please check)**

- Youth Programs (Monday to Friday evenings)
- Clothing Closet
- Adult Gym (Thursday evenings)

If you checked **“Youth Programs”** above, please check the age group(s) you are interested in working with?

- Grades K/1 Grade 7/8
- Grades 2/3 Grade 9/10/11
- Grades 4/5/6

Would you be interested in volunteering with any of our Special Events? **(Please check)**

- Winter Wonderland (Friday, December 6th, 2013)
- Hockey (May)
- Community BBQ (Friday, June 13, 2014)
- Summer Camp (July/August)

How often would you be interested in volunteering? **(Please check one)**

- Once a week Once a month
- Once every two weeks Less than once a month
- Once every 3 weeks Special Events only

Please indicate on the chart below your availability to volunteer. **(Please put times available)**

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Please provide the **name** and **phone number** of 2 references (i.e. previous/present employer; volunteer supervisor; teacher; etc.) that may be contacted.

Name: _____ Phone Number: _____

Email Address (if available): _____

Relationship to you: _____

Name: _____ Phone Number: _____

Email Address (if available): _____

Relationship to you: _____

**ALL THE STATEMENTS MADE BY MYSELF ON THIS APPLICATION FORM ARE
CORRECT. I UNDERSTAND THAT MY REFERENCE WILL BE CONTACTED BY
PARKWOOD GARDENS NEIGHBOURHOOD GROUP.**

Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

In the course of your volunteer service you may learn or be exposed to **PERSONAL** and **CONFIDENTIAL** information.

Volunteers having knowledge of confidential information or having access to such information must protect and maintain the client's privacy. Volunteers may not discuss confidential and personal information with any other persons not concerned with such information, or with individuals or groups outside the organization. For example, it is not acceptable to discuss personal information regarding individual children/families in the programs or information related to any incidents that occur during the program with anyone else who is not directly involved in the program with you.

I have read and understand that all client information to which I have access is confidential and I agree that I will not disclose such information.

Volunteer's Name: (please print) _____

Volunteer's Signature: _____ Date: _____

In case of an emergency while you are in program, please provide an emergency contact name and phone number. This information will be kept in the Program Binders at the site where you are participating in program.

Name: _____ Phone Number: _____

Medical Information (allergies, etc.): _____
