



101, 327 - 3<sup>rd</sup> Street West, Brooks, Alberta T1R 0E7  
Phone (403) 362-5056 Fax (403) 362-5090

**...serving children and families since 1978**

# **VOLUNTEER APPLICATION FORM**

**APPLICANT INFORMATION**

NAME \_\_\_\_\_

Under 18  Over 18

FULL MAILING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PC \_\_\_\_\_

PHONE NUMBER (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

PHONE NUMBER (s) \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

How would you like to volunteer within The SPEC Association? *(please check all that apply)*

**General Volunteer**

- Events
- Fundraisers
- Construction, Renovating
- Office
- Other \_\_\_\_\_

**LINKS NEWCOMER SERVICES**

- Translation
- International Cooking
- Skill sharing
- Other \_\_\_\_\_

**MakerSpace**

- Mentoring
- Program Activities
- Skill sharing, ie.
  - Windows
  - iMac
  - 3D Printing
  - VR
  - Board Games
  - Robotics, Maker etc.
- Other \_\_\_\_\_

When are you available to volunteer? (Circle and specify times you are available)

Any Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Any Time	Time	Time	Time	Time	Time	Time

*\* Thank you for your interest in volunteering with us!  
 We will confirm your volunteer times with us as volunteer opportunities become available.*

Why do you want to volunteer with The SPEC Association for Children and Families?

How did you hear about our programs?



**AFFIRMATION OF CONFIDENTIALITY AND NON-DISCLOSURE**

As an employee, volunteer or consultant of The SPEC Association or Children and Families I will have access to, and knowledge of, privileged, private information related to the Agency, it's Representatives and persons served. By signing below, I affirm that I will not make known or disclose in any way this information to any person without written signed authorization.

I confirm that this agreement shall remain in effect during my time as an employee, volunteer or consultant and shall continue after the termination of employment, volunteering or consulting for any reason whatsoever, for cause or otherwise.

I also acknowledge, that in addition to any other remedies The SPEC Association may have in law, that a breach of this agreement shall constitute cause for termination of any relationship I have with The SPEC Association.

At no time shall a person served be publicly identified as falling under the provisions of any government act.

*By signing this document, I \_\_\_\_\_ affirm to protect the confidentiality of all professionally and personally acquired information relating to persons served, co-workers, colleagues, volunteers and the agency. Such information will only be disclosed when properly authorized by the individual or representative or when obligated legally or professionally to do so (as per SPEC Confidentiality policy)*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Dated this \_\_\_ day of \_\_\_\_\_ 20\_\_

## **WHAT IS CONFIDENTIAL INFORMATION?**

1. **In addition** to all information relevant to Persons Served, SPEC's Affirmation of Confidentiality and Non-Disclosure protects, but is not limited to, the following:

- a. **All SPEC staff, Board members, volunteers and their families** (aka Representatives)
  - Any opinions about other individuals employed by SPEC and their families
  - Any staff viewpoints or opinions
  - Personal Information of representatives and their families.
  - Where the employee lives
  - Any information on the staffs race, nationality, sexual orientation or religious views
  - Discipline action
  - Employment and wage reviews
- b. **All meetings and discussions in SPEC**
  - All business and personal discussions
  - All meetings in SPEC
  - All phone call discussions - business and personal
- c. **Contractual relationships (i.e. Proposals and Negotiations)**
  - Any opinions, discussions on contractual relationships from other representatives
  - Conflict resolution
  - Mediation
  - Any and all proposals written, granted and not granted
- d. **Documents**
  - All E-mails private or business
  - Personal messages or business documents
  - Any information obtained from an individual's desk or mail box

2. **Identification of confidential information:**

Confidential Information that is disclosed anywhere in the community, to family members, friends and other agency staff through materials, verb executions, computer systems and phones.

3. **Exceptions to Confidential Information**

Confidentiality is one of the most important aspects of SPEC as a whole. Verbal or material information is never to be disclosed outside of SPEC whether employed or after employment with SPEC. As SPEC is a respected and trusting environment with many discussions and confidential issues, this confidential agreement is in place for a life time.



**CRIMINAL RECORD RELEASE AGREEMENT**

(Please take this form to SPEC to have signed, then take to your local RCMP Department to have a criminal record check completed. As a volunteer, there is no cost attached.)

\_\_\_\_\_ is a volunteer applicant with The SPEC Association for Children and Families. The agency requires they undertake a criminal record check and vulnerable sector check and confirm with any police agency the details of any convictions which may have been made against him/her for any offence under any federal or provincial legislation as well as for any charge which may be outstanding against him/her under such legislation or any pardons that have been granted.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Title of SPEC Staff Member

\_\_\_\_\_  
Date



At SPEC we require our volunteers to be thoroughly screened. This includes an RCMP / Police Check. In addition, due to the nature of your proposed Volunteer involvement with children and youth in our SPEC programs, we require the names, complete addresses, telephone numbers, and where applicable, email addresses of three people who can provide us with a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize SPEC to contact the above listed references.