



*"Volunteer's do not necessarily have the time, they just have the heart."*  
~ Elizabeth Andrew

# Volunteer

## Information & Application Package



## Section 1 **Volunteer Positions and Duties**

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### **NEIGHBOURS HELPING NEIGHBOURS Volunteer Overall Duties and Responsibilities:**

- 1) To provide physical or emotional supports to the resident applicant(s) as outlined below by volunteer position type.
- 2) To inform the Community Facilitator promptly if you are detained and/or unable to commit to your schedule.
- 3) Promote and practice positive relationships with the resident applicant.
- 4) The ideal volunteer is reliable, trustworthy, and friendly.
- 5) The ideal volunteer is physically able to provide the services required.

### **COMMUNITY VOLUNTEER INCOME TAX PROGRAM Volunteer Service**

1. Complete tax returns for eligible people who have a modest income and a simple tax situation, help direct tax payers, or assist other volunteers.
2. Some experience doing tax returns is helpful, but you will be given web-based or in-person training about volunteer responsibilities, taxes, and how to use the tax software.

### **COURAGE TO CARE/COMPASS Volunteer Service**

1. Co-facilitate Alberta Caregiver's Association COMPASS for the Caregiver Program (8 modules). Training to be provided.
2. Meet and plan sessions with co-facilitator.
3. Open & close the meeting space, prepare materials as required for sessions.

### **EMERGENCY SOCIAL SERVICES Volunteer Service**

1. Assist with setup, implementation, and take down of an Emergency Reception Centre.
2. May include assistance in a specific portfolio in a reception centre (i.e., Registration and Inquiry, Pets, Housing, Donations, Meet and Greet, First Aid Referrals, Childcare, Food Service).
3. Complete paperwork as required.
4. Attend volunteer training as required.

### **FRIENDLY CALLERS Neighbours Helping Neighbours Volunteer Service**

1. Trained volunteers will place a call once a week on a set day and time, for approximately 15-30 minutes, to provide a friendly ear, positive conversation and ensure wellbeing of resident.
2. Volunteer will have access to a reliable landline or cell phone.

### **GARDEN ANGELS Neighbours Helping Neighbours Volunteer Service**

1. Basic yard maintenance, such as mowing, weeding, raking leaves, etc.
2. Time commitment is dependent on size of lawn/yard area, however may be from one hour per week up to several hours per week.
3. Garden tools may/may not be provided by the home owner but will be discussed before any commitments are made.

### **INNISFAIL AQUATIC CENTRE Volunteer Service**

1. Various roles with special events.
2. Help with swimming lessons, water safety instructors training, and more!

**INNISFAIL RECREATION/SPECIAL EVENTS Volunteer Service**

1. Help with set up, organization and take down of program/event space.
2. Assist with implementation of program activities under direction of Town Staff.
3. Variety of duties dependant on event/activity.
4. Leaders and support volunteers for recreation programs (i.e., Drop-In Basketball).
5. Youth volunteers (age 14-17) during Town of Innisfail Day Camps.

**KIDS HAVE STRESS TOO! Volunteer Service**

1. Facilitate a 12-week Kids Have Stress Too! Program in local schools under the supervision of the assigned Key Point Person.
2. Training to be provided.

**SNOW ANGELS Neighbours Helping Neighbours Volunteer Service**

- 1) Removal of snow from the resident applicant's sidewalk within 48 hours of snow fall to adhere to **Traffic Bylaw Number 1513-2011**.
- 2) Depending on snow falls during the season, time commitment may be one hour up to several hours per week.
- 3) Additional areas may need to be shoveled to ensure resident a safe entrance/exit to his/her home/property. For example: walkways, pathway to vehicle, etc.
- 4) Snow shovel will be provided by the home owner, unless you prefer to bring your own.

**ETHICS POLICIES****Gifting**

Though there are no concrete rules on gifting, you are discouraged from accepting tips from residents as this is an unpaid, volunteer program. It is at your discretion to accept gifts on special occasions.

**Harassment and Abuse**

Any form of harassment or abuse towards a resident applicant or volunteer by another party will be grounds for dismissal from the Neighbours Helping Neighbours program and may be reported to the authorities. These actions include but are not limited to:

- Verbal abuse (discrimination, derogatory comments, racism, etc.)
- Physical abuse
- Sexual abuse or harassment
- Neglect (refusal to assist a program participant in a time of physical crises, etc.)

**Safety**

In order to ensure both you and your assigned resident are safe, please make sure:

- You are informed of any hazards on their property including pets.
- You will be provided an ergonomic snow shovel or garden tools that are safe to use and in good condition or will use your own if preferred.

If you cannot not shovel your property within 48 hours of a snowfall, call FCSS at 403-227-3376 so that we can arrange for another volunteer placement upon availability.

## Section 2 **Volunteer Application Form**

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Name of Individual or Organization:

Address:

  


Phone:

Cell:

Email:

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### **EMERGENCY CONTACT INFORMATION**

**Name:**

**Relation:**

**Phone:**

**Cell:**

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### **GENERAL QUESTIONS**

1. Which *Neighbours Helping Neighbours* position do you prefer?

<input type="checkbox"/> Community Volunteer Income Tax Program	<input type="checkbox"/> Courage to Care/COMPASS
<input type="checkbox"/> Emergency Social Services	<input type="checkbox"/> Friendly Callers
<input type="checkbox"/> Garden Angels	<input type="checkbox"/> Innisfail Aquatic Centre
<input type="checkbox"/> Innisfail Recreation/Special Events	<input type="checkbox"/> Kids Have Stress Too!
<input type="checkbox"/> Snow Angels	<input type="checkbox"/> All positions listed
<input type="checkbox"/> Misc.:	

2. Please check which times and days of the week you are available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

3. Preference for Friendly Callers Program:

- Female Caller                       Male Caller                       No Preference  
 Facility Resident                       Community Resident                       No Preference

4. Are you willing to provide a Criminal Record & Vulnerable Sector Check?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Reason for volunteering:

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6. Past Volunteer experience:

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7. Hobbies/Interests:

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8. Education/Experience:

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9. Skills/Qualifications:

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10. Do you own or have access to a reliable vehicle?

- Yes  No

11. Do you have a reliable cell phone/landline?

- Yes  No

12. Do you have any medical conditions, allergies or physical limitations that may affect your ability to do some types of volunteer work?

- Yes  No

12b. If yes, please explain:

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13. If you are an Organization/Group, how many individuals do you anticipate will be volunteering for this program?

enter number of volunteers anticipated:

***Please read / sign to verify your application:***

*I/we,*

\_\_\_\_\_ /  
*hereby state that to the best of my knowledge the information submitted on this application is true and accurate. I understand that I will be matched with a Neighbours Helping Neighbours resident applicant that best suits both parties.*

\_\_\_\_\_  
*Signature of Individual Volunteer or Organization Group Representative*

*Individuals Volunteer Applicants **under 14 years** require a Parent/Guardian to sign on behalf of the applicant.*

\_\_\_\_\_  
*Signature of Parent of Guardian*

*Dated:* \_\_\_\_\_  
M / D / Y

## Section 3 **Volunteer Confidentiality Agreement**

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### **Confidentiality Policy**

The Town of Innisfail *Neighbours Helping Neighbours* program strives to uphold the highest standards of integrity. For this reason, it is the ethical responsibility of all program staff and volunteers to maintain the confidentiality of information obtained while participating in the program.

All personal information about clients and volunteers while involved with the *Neighbours Helping Neighbours* program will remain confidential during and after your involvement with the program.

### **Limits of Confidentiality**

Certain information disclosed by program participants will fall outside the limits of confidentiality. The limits of confidentiality are as follows:

1. Confidential information may be shared with program staff and volunteers for the purpose of guidance and debriefing without consent from program participants.
2. Confidential information regarding any disclosure of abuse, self-harm or intended self-harm must be shared with staff and/or the appropriate authorities, such as the RCMP.
3. Confidential information may be shared between staff involved in the *Neighbours Helping Neighbours* program in order to uphold program integrity.

### **Confidentiality Agreement**

I understand that any personal information about others learned while participating in the Neighbours Helping Neighbours program is of a confidential nature and is not to be shared unless required under the Limits of Confidentiality. Should I learn information regarding any form of abuse, self-harm or intended self-harm towards another program participant, I will inform the Community Facilitator and/or the appropriate authorities.

I agree to maintain client confidentiality during and after my involvement with the *Neighbours Helping Neighbours* program and I understand that any breach of confidentiality could lead to my dismissal from the program.

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*Signature of Individual Volunteer or Organization Volunteer Group Representative*

**Note:** *Individuals Volunteer Applicants under 14 years require a Parent/Guardian to sign on behalf of the applicant.*

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*Signature of Parent of Guardian*

*Dated:* \_\_\_\_\_

M / D / Y



## Section 4 **Volunteer Waiver of Liability**

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### Neighbours Helping Neighbours Volunteer **Waiver of Liability**

I/we, \_\_\_\_\_, fully understand the risk associated with performing physical services on another person's property. I agree that I will not hold the Town of Innisfail, its staff or resident applicant responsible for any loss I should incur while participating in the services provided by the Town of Innisfail *Neighbours Helping Neighbours* program. If volunteer is under the age of 14, a parent, guardian, or team representative must be present to supervise.

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*Signature of Individual Volunteer or Organization Volunteer Group Representative*

*Individuals Volunteer Applicants **under 14 years** require a Parent/Guardian to sign on behalf of the applicant.*

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*Signature of Parent of Guardian*

*Dated:* \_\_\_\_\_

M / D / Y





## Standard Photo/Video Release Form

Date:

Program:

Participants Name (please print):

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Guardians Name (for participant under 18 years old):

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Photographs: I hereby grant and give the Town of Innisfail the right to use my or my child(s) photograph or image with or without mine or my child's name, both singly and in conjunction with other persons, objects and presentations for advertising, publicity, and promotional uses.

Yes, I give permission to use my or my child's photograph.

No, I do not give permission to use my or my child's photograph.

Participant Signature / Guardian Signature:

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To: RCMP

Re: Criminal Record Check Required for Volunteers

The Community Services Department with the Town of Innisfail is requesting a Criminal Record check for our volunteer \_\_\_\_\_ who is interested in assisting with the \_\_\_\_\_ Program to ensure they are qualified to work with vulnerable individuals.

Should you have any questions or concerns please feel free to contact me. Please advise if there are any fees for Criminal Record Checks for volunteers.

Thanks for your time and attention to this matter.

Sincerely,

Allyssa Bremner  
Community Facilitator  
Town of Innisfail/FCSS  
403-227-3376 ext. 225