



Snow Angels | Strong Hands | Garden Angels

Volunteer

Information & Application
Package

2017-2018



Section 1 **Volunteer Positions and Duties**

NEIGHBOURS HELPING NEIGHBOURS Volunteer Overall Duties and Responsibilities:

- 1) To provide physical supports to the resident applicant(s) as outlined below by volunteer position type.
- 2) To inform the Community & Social Development Coordinator 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.

SNOW ANGELS Volunteer Services

- 1) Removal of snow to adhere to **Traffic Bylaw Number 1513-2011** which includes but not limited to:
 - 11.1 All persons owning or occupying premises in Town, shall remove and **clear away all snow**, ice, dirt and other obstructions from the sidewalk situated on land adjoining the property owned or occupied by them **within forty-eight (48) hours of the time that such snow**, ice, dirt or other obstruction was deposited thereon.
 - 11.2 The Town may alter the expiration of the forty-eight (48) hours aforesaid, remove and clean away all snow, dirt and other obstructions required to be removed by Section 11.1 and charge the expenses thereof to the owner of occupant. In the event of non-payment of the expenses, such expenses shall be charged against the property as a special assessment to be recovered in like manner as other taxes.
- 2) Depending on snow falls during the season, time commitment may be one hour per week 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.

STRONG HANDS Volunteer Services

1. Transfer of large household items from home to the curb during Large Item Pickup week. This is typically held in spring each year. Date of program will be announced.
2. Time commitment is dependent on how many applicants you are serving and/or how many items are needed to be moved.
3. Maximum of three household items per home.
4. Training will be provided on proper lifting/handling techniques.

GARDEN ANGELS Volunteer Services

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 will be provided by the home owner.

Section 2 **Volunteer Application Form**

Name of Individual or Organization:

Address:

Phone:

Cell:

Email:

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

Snow Angels

Strong Hands

Garden Angels

All Neighbours Helping Neighbours positions listed above.

2. What is your anticipated dedication?

Long Term (1-2 years)

Short Term (1-12 weeks)

As needed (1 -8 hours)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

4. Reason for volunteering:

5. Past Volunteer experience:

6. Hobbies/Interest:

7. Education/Experience:

8. Skills/Qualifications:

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

Yes

No

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

Yes

No

11. 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**

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.

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.*

Signature of Parent of Guardian

Dated: _____
M / D / Y

Section 4 **Volunteer Waiver of Liability**

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.

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.*

Signature of Parent of Guardian

Dated: _____
M / D / Y

