



Neighbours

HELPING NEIGHBOURS

Snow Angels | Strong Hands | Garden Angels | Friendly Callers

Volunteer

Information & Application Package

2018-2019



Section 1 **Volunteer Positions and Duties**

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.

SNOW ANGELS Volunteer Services

- 1) Removal of snow from the resident applicants 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.

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 may/may not be provided by the home owner, but will be discussed before any commitments are made.

FRIENDLY CALLERS Volunteer Services

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 and ensure wellbeing of resident.
2. Volunteer will have access to a reliable landline or cell phone.

Section 2 **Volunteer Application Form**

Name of Individual or Organization:

Address:

Phone:

Cell:

Email:

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EMERGENCY CONTACT INFORMATION

Name:

Relation:

Phone:

Cell:

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

<input type="checkbox"/> Snow Angels	<input type="checkbox"/> Garden Angels
<input type="checkbox"/> Strong Hands	<input type="checkbox"/> Friendly Callers
<input type="checkbox"/> All <i>Neighbours Helping Neighbours</i> 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. Preference for Friendly Callers Program:

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

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

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

7. Past Volunteer experience:

8. Hobbies/Interest:

9. Education/Experience:

10. Skills/Qualifications:

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

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**

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



To: RCMP

Re: Criminal Record / Vulnerable Sector Check Required for Volunteers

The Community Services Department with the Town of Innisfail is requesting a Criminal Record & Vulnerable Sector 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