



Volunteer Application

Date of Application: _____

Name: _____

Date of Birth: _____

Address: _____

Home Tel: _____

Work Tel: _____

Cell/Other Tel: _____

E-mail: _____

General Information:

How did you hear about Les Maisons Transitionnelles O3?

Experience:

Do you have any specific training? Please specify: i.e.: cooking, carpentry, teaching, arts & crafts, early childhood education, dance, singing, etc?

What is your present occupation?

What are your reasons for wishing to volunteer at O3?

Do you have any previous volunteer experience? If so, please describe it.

Please indicate the names of 2 people we can contact for references.

Name: _____

Relationship: _____

Tel: _____

Name: _____

Relationship: _____

Tel: _____

Person(s) to contact in case of emergency:

Name: _____

Tel: _____

Name: _____

Tel: _____

Please indicate which activity you are interested in:

- Babysitting
- Parent and child playgroups
- Parent and baby programs
- Administrative Support
- Specific activities: _____

Availability

Please indicate with an "X" the days and times you would be available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

The availability listed above is: weekly
 occasionally

What date are you available to start? _____

How long do you foresee the length of your volunteer service?

- 3 months
- 6 months
- over 6 months

1. Guidelines for Volunteers

Les Maisons Transitionnelles O3 is a non-profit organization, which offers affordable housing, complemented by programs and services, for young families.

With help from volunteers, O3 is able to offer childcare services while the parents attend various programs and workshops.

Objectives for Children's Activity Area:

- To provide a safe, nurturing, and stimulating environment.
- To provide primary care, and opportunities for learning and exploration.
- To provide age-appropriate toys and activities that explore the areas of development.
- To build a partnership with parents around caring for their child.

Role of Volunteers:

- To assist in the primary care of children.
- To interact and engage in activities with children.
- To ensure safety of children.
- To alert the child educator of any concerns which might require intervention.

2. Guidelines for Volunteers in Administration

Role of Volunteers:

- To assist in administration such as filling, updating database, answering phone....

I confirm that the information listed above is true and I have read the Guidelines for Volunteers.

Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Confidentiality Contract

Keep confidential information confidential:

If you are privy to confidential information with regard to the persons with whom you are working, such as:

- organizational files,
- medical histories,
- personal stories,
- other classified agency, employee, or client information.

It is vital that you treat it as privileged information.

I, _____, declare I have read and understood the confidentiality agreement.

I, _____ agree to a police check and I solemnly swear that I have not been convicted of a crime related to this volunteer position for which I have not received a pardon. I am aware that in this role I will be dealing with a vulnerable population, children and potential access to sensitive information. As such I will abide by the code of ethics outlined by o3 on our own.

Volunteer Signature: _____ Date: _____

Employee Signature: _____ Date: _____