

Chilliwack Society for Community Living Volunteer Application

9353 Mary Street
Chilliwack, BC V2P 4G9
Ph: (604)792-7726 Fax: (604)792-7962
Email: human.resources@cscl.org



Date of Application: _____

Name: _____ Email Address: _____

Home Address (Physical) _____ City _____ Postal Code _____

Mailing Address (if different) _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____

If you are applying to volunteer in a particular CSCL Program, please specify which program(s): _____

Availability In the table below, place a '✓' where you are available for shifts.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Days 7am-3pm							
Evenings 3-11pm							
Overnights 11pm-7am							

Availability Comments:

Additional Information

Why are you applying to volunteer with the Chilliwack Society for Community Living?

Describe any known allergies (i.e. pets, foods) and any limitations you may have relating to them.

Do you have any relatives currently employed at CSCL? YES, Name: _____ NO

Do you have any relative(s) or anyone in your household currently receiving services from CSCL? YES NO

If Yes, what program? _____

Volunteer Requirements

Clear Criminal Record Check:

If you are applying to volunteer with **Adults**:

- Must be obtained through the **Ministry of Public Safety & Solicitor General**/Criminal Records Review Program (CRRP).
- To obtain a Criminal Record Check, volunteers must complete the Consent to a Criminal Record Check form available from CSCL. Once completed, submit form to CSCL HR Department.
- The CRRP is free of charge for volunteers.

If you are applying to volunteer with **Children/Youth**:

- Criminal Record Check must be obtained through your local **RCMP** office; free of charge for volunteers. Please contact the CSCL HR Department for instructions.

Confidentiality Oath

All matters and information pertaining to individuals that has been gained with the organization must be treated as confidential. Under no circumstances may an individual's information be divulged either inside or outside the organization other than to persons authorized to receive such information in the course of their duties.

I, _____, have read and reviewed the above Chilliwack Society for Community Living confidentiality oath. I understand that all individuals' information to which I may have access is confidential and is not to be communicated except as outlined in the confidentiality oath.

Signed: _____

Declaration

I certify that all information in this application is true and complete. I understand that if any such information is at any time found to be false; such information may be cause for discharge or refusal of volunteer placement.

Signature of Volunteer: _____ **Date:** _____

Additional Comments:

For Office Use Only:

Volunteer Site/Program Assigned: _____ Manager: _____

CRRP Clearance Letter Received?

RCMP Police Check Clearance Letter Received? (CYS/Hipwell Only)

Application entered in ShareVision? YES