

# Volunteer Enrollment Form

Thank you for your interest in the KIT program. We understand the application can be a lengthy process. We try to make it as smooth as possible for you. Thank you for your understanding.

## **Please submit the following documents:**

### Volunteer Enrollment Form

Can be submitted via email, in-person, or by mail. Contact information for submitting a volunteer enrollment form is provided below. Please include the additional documentation required with the Volunteer Enrollment Form.

### Police Vulnerable Sector Check

The completion of a vulnerable sector check is required for this volunteer position. These can easily be obtained at the Strathmore RCMP office. They are free of charge when you provide the letter included with this application form.

### A Copy of Government Issued Identification

Provide a copy of one piece of photo identification that matches the address on your application. If you don't have access to a scanner or printer, we are able to take a copy of your ID in office.

## **To Submit:**

### Town of Strathmore FCSS

**Email:** [fcss@strathmore.ca](mailto:fcss@strathmore.ca)

**In Person:** 1 Parkland Drive, Strathmore AB

**By Mail:** Strathmore FCSS, PO Box 2280, 1 Parkland Drive, Strathmore, AB, T1P 1K2

### Wheatland FCSS

**Email:** [info@wfcss.org](mailto:info@wfcss.org)

**In Person:** 242006 Range Road 243, Wheatland County, AB (Located within Wheatland County administrative office)

**Mail:** Wheatland FCSS, 242006 Range Road 243, Wheatland County, AB, T1P 2C4

Once your completed application is submitted, we will send you the training package and begin the reference checks and telephone interview with you. After we have completed that and we have received the clean criminal record check, you are ready to be paired with a participant.

Here are some more details about the role:

- You are encouraged to block your number when calling your participants; details are in the training manual
- You can call as many participants as you like. You will be paired with the same one(s) to call on a weekly basis. Start with one participant and once you are comfortable, you can call a second if you choose
- There are monthly virtual volunteer meetings. Attendance is voluntary. Attending these will help you be connected to the program and other volunteers.

We look forward to reviewing your application. Please let us know if you have any questions at all!

### **About the Organizations**

The Wheatland and Strathmore Family and Community Support Service Offices work to enhance the well-being of individuals, families, and communities. We are available to answer questions, help access local resources, and provide support with government services.

### **Program**

Keep In Touch fosters relationships between community members who want to serve with those needing connection. Feelings of Isolation and loneliness within members of our community have serious physical and mental health consequences for individuals and their families. This program will reconnect the community.

## Volunteers

Your role is:

- Act as emotional, social and isolation support for vulnerable peers experiencing loneliness
- Provide a reassuring, friendly and consistent voice to participants
- Connect vulnerable participants with resources and support in the community
- Connect vulnerable participants with support in time of need

## Contact:

### Town of Strathmore FCSS

Phone: 403-934-9090

Email: [fcss@strathmore.ca](mailto:fcss@strathmore.ca)

### Wheatland FCSS

Phone: 403-934-5335

Email: [info@wfcss.org](mailto:info@wfcss.org)



## Volunteer Enrollment Form

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                            DD      MM      YYYY (Volunteers must be 16 years of age or older  
to volunteer with Keep in Touch)

Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Yes**, I would like to be **added** to the Volunteer Opportunities email list.

Where did you hear about this volunteer opportunity?

Radio/Newspaper

Family/Friend

FCSS Website

Facebook

Other: \_\_\_\_\_



### References

Your reference must have known you for at least one year. By completing this form, you are consenting to Town of Strathmore FCSS and/or Wheatland FCSS staff to call the following person for the purpose of volunteer screening. Please print clearly.

**1) Personal Reference** (must have known the applicant for at least one year)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s) including area code/extension: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

**\*\*Initial in the blanks below:**

### Confidentiality

In the course of your volunteer enrollment, you may receive confidential information about Wheatland and Strathmore Family and Community Support Service Offices and its clients (including client names and contact information) and employees (collectively, "confidential information"). As such, all employees, independent contractors, volunteers, and other agents shall (please initial):

\_\_\_ Take precautions to protect and maintain all confidential information;

\_\_\_ Only release confidential information to those authorized to receive it, and then only on a need- to-know basis;

\_\_\_ Not disclose, publish, or disseminate (including by way of social media) confidential information to any unauthorized persons, including the media, at any time;

\_\_\_ Not remove confidential information from the workplace without express permission;

\_\_\_ Not make improper use of confidential information, either directly or indirectly

\_\_\_ Safeguard against unintentionally disclosing confidential information by not discussing confidential information in public or on a cell phone and by not working with confidential information on a laptop in public or transmitting such information by unsecured means.

\_\_\_ When your volunteer commitment ends, you must immediately return all materials or property belonging to the Organizations. You agree not to retain, reproduce, or use any confidential information or proprietary information or property belonging to the organizations, including lists of its clients and/or employees and client charts.

## Media

\_\_\_ To comply with applicable privacy legislation, The Town of Strathmore FCSS and Wheatland FCSS (the "Organizations") requires your permission to use photographs/videos captured of you as a volunteer of the organization. The organization may use such photographs/videos on its social media accounts and for other reasonable business purposes

\_\_\_ You may withdraw your consent by providing reasonable notice to the program supervisor. Upon receipt of such notice, the organizations will endeavor to remove your photographs/videos from advertising and recruitment materials where such removal is feasible and would not result in an undue financial cost to the organization.

## Criminal Record

\_\_\_ I have no convictions under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).

\_\_\_ I have no charges pending under the Criminal Code of Canada up to and including the date of this declaration.



\_\_\_ I agree to immediately disclose to my supervisor if, during my volunteer enrollment with The Town of Strathmore FCSS and/or Wheatland FCSS, I become the subject of any criminal investigation or allegation, any child welfare investigation or allegation, or have any charges brought against me, even if the charges are pending.

\_\_\_ I agree to complete an offence declaration when requested, which will provide an opportunity to affirm that a Police Information Check would show nothing new, or otherwise to discuss any reportable matters. I understand that if I do not do so, my volunteer position may be suspended until it is complete.

***I hereby certify that all information included in this enrollment form is true and complete:***

\_\_\_\_\_  
**Volunteer Print Name and Signature** (If under 18 years, parent of guardian must sign)

\_\_\_\_\_  
**Date**

