



Volunteer Registration Form

Date _____

NAME: _____ DATE OF BIRTH (DD/MM/YR): _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL: _____ WORK NUMBER: _____

HOME EMAIL: _____ WORK EMAIL: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOU: _____ EMERGENCY CONTACT PHONE: _____

WHAT METHOD WOULD YOU PREFER WE USE WHEN CONTACTING YOU (**please circle**):

PHONE: HOME CELL WORK EMAIL: HOME WORK TEXT

Are you a (circle one): Canadian Citizen Permanent Resident Visitor International Student

Are you a member of the Cowichan Intercultural Society? Yes No

Is there a special reason you would like to volunteer with us?

How did you learn about the Cowichan Intercultural Society? _____

Please circle the times you would prefer to volunteer:

Weekdays: Mon Tue Wed Thu Fri Weekends : Sat Sun

Mornings Afternoons Evenings Mornings Afternoons Evenings

How frequently would you like to volunteer? _____

Are you presently employed? Yes No Retired Student - Education Level _____

If yes, to employed or student: Full-Time Part-Time

Employer/School Name: _____

Current Occupation: _____

Previous Occupation if Retired: _____

Please check areas of skill or interest:

- | | |
|--|--|
| <input type="checkbox"/> Administration (reception, data entry, poster design, writing, phoning) | <input type="checkbox"/> Family Volunteerism (opportunities to volunteer with your partner/spouse and/or children) |
| <input type="checkbox"/> Committee(s): Fundraising, Communications, Special Events, Board, etc. | <input type="checkbox"/> Driving/Transportation Support (Driver's Abstract and Third Party Liability Insurance required) |
| <input type="checkbox"/> English Language Tutoring | <input type="checkbox"/> Presentations (public speaking) and Intercultural Expos |
| <input type="checkbox"/> Host Family Mentor | <input type="checkbox"/> Maintenance/Repair/Moving |
| <input type="checkbox"/> Childminding | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Special Events: event day tasks as required | <input type="checkbox"/> Youth Programs (Grades K-12) |

Other: _____

Languages you speak: _____

Do you have any other relevant skills, experience or interests?

Do you have any medical concerns or allergies that we should be aware of:

Please provide 2 references (not relatives) who have known you for at least 2 years (please inform your references that they will be contacted.)

Reference Name: _____

Relationship to Volunteer: _____

Phone: _____

Email: _____

Reference Name: _____

Relationship to Volunteer: _____

Phone: _____

Email: _____

Please initial:

_____ Yes, I understand that a Criminal Record Check is required for all positions.

_____ Yes, I understand that I may be requested to provide a Driver's Abstract and adequate vehicle insurance.

_____ Yes, I understand that if I provide driving lessons, I do so at my own risk and liability and release Cowichan Intercultural Society from any responsibility for property damage or personal injury.

_____ Yes, I grant permission to Cowichan Intercultural Society to add my email to the mailing list in order for me to receive volunteer program updates and opportunities.

_____ Yes, I understand that if I do not receive emails I may miss out on updates and volunteer opportunities.

VOLUNTEER AGREEMENT

Thank you for offering to volunteer with the Cowichan Intercultural Society. We greatly appreciate your time, commitment and energy.

Our mission is to facilitate mutual respect, trust, support, and education in the culturally diverse Cowichan Region. Our vision is that we will be leaders in building inclusive and welcoming communities, where every person feels valued and has a sense of belonging. The Cowichan Intercultural Society, as a charitable not-for-profit society, has been helping newcomers to Canada and our community since 1981.

This agreement forms part of, and must be attached to, the Volunteer Application Form. Before you start volunteering, Cowichan Intercultural Society (CIS) requires your agreement to the following:

I understand that the Society has a volunteer screening process in place, and that I may be asked to undergo an orientation, interview, reference checks, and/or Criminal Record Check, depending on the nature of the volunteer position for which I am applying.

I understand that I am representing CIS during my time volunteering and I agree to act in a professional manner at all times. I agree not to promote my political or religious views with clients of CIS, nor in any way attempt to influence their affiliation or opinions. I acknowledge receipt of the Volunteer Code of Conduct (included with the application form) and agree to follow it all times while volunteering for the Society.

I will abstain from smoking or using tobacco while at work as a volunteer and I recognize that all CIS events and services are smoke and tobacco free.

I will abstain from any use of alcohol or illegal drugs while at work as a volunteer for CIS.

I understand that confidentiality is fundamental to all programs of CIS and I will be sensitive to the need for confidentiality. By signing below, I am indicating that I will not use or disclose in any manner to any third party any information without the prior express written consent of CIS.

I hereby release and discharge CIS, its agents, employees and licensees from any claim or action that I may have with respect to the use of any of the above or my participation in any related CIS activities, while volunteering for CIS.

I grant permission to CIS to use my name, any photo or video images of me and any comments made by me in writing or otherwise, for promotional purposes in any form of media (ie: TV, radio, web or print). _____ **Initial**

By signing below, I acknowledge that the information provided is true and accurate and that I have read, understood, and will abide by the Volunteer Agreement above. I grant CIS permission to contact the references listed on my application form and follow up on any information provided.

Volunteer Name (please print) _____ Volunteer Signature: _____

Witness Name (please print) _____ Witness Signature: _____

Parent/Guardian Signature (if volunteer is under 18 yrs of age): _____

Date: _____

Collection and Use of Information: All information collected is subject to the provisions established by British Columbia's Personal Information Protection Act (PIPA) and will be used for administrative and evaluation purposes of CIS programs and services. Personal information provided directly to CIS may be disclosed to relevant funding bodies and used for service quality assurance and monitoring, accountability, auditing, program evaluation and research purposes. By signing and submitting this form, you are consenting to the collection, disclosure and use of your personal and service information for the purposes stated above.

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