
Volunteer Application & Agreement Form

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

* Name of Parent or Guardian if under 18 years: _____ (If volunteer is under 18 years old, parent/guardian must also complete a volunteer application & agreement form)

Date of Birth: _____ / _____ / _____
Year Month Day

Home Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Please specify the days and hours you are available to volunteer:

Types of volunteer work you are interested in:

_____ Administration/Reception

_____ Marketing / Promotions

_____ Cleaning/Janitorial

_____ Programming/Activities

_____ Fundraising

_____ Social Media

_____ IT/Adaptive Technology

_____ Special Events



Resource Centre for Independent Living
PAINTING THE FUTURE

21 William St, Parry Sound, ON P2A 1V2
P: 705-746-6996 ext. 101 | 1-800-634-6828
F: 705-746-2323
E: tgould@risercil.ca | W: www.risercil.ca

Do you have any friends/family members who are employed or volunteer here?

_____ Yes _____ No

Please list past volunteer experience, if applicable:

Organization:	Duties:	Month/Year to Month/Year:

Additional Skills and/or Certifications You Hold (check all that apply):

_____ First Aid _____ CPR

_____ WHMIS _____ Food Handler Certification

_____ Other: Please Specify _____

BACKGROUND CHECK & SELF-DECLARATION

Volunteers working with individual consumers must submit a Criminal Record Check (CRC) for Volunteers. Criminal conviction does not necessarily bar an applicant from volunteering as the nature of the offence will be taken into consideration before a decision is made.

_____ I will submit to a Criminal Record Check _____
Check Mark Initials



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Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? _____Yes _____No

Have you ever been convicted of a crime? _____Yes _____No

* If yes, please describe:

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone Number: _____

(Indicate: Home / Work / Cell):

REFERENCES

List two people, not related to you, who have knowledge of your volunteer experience or qualifications.

Name: _____

Mailing Address: _____

Telephone: _____



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Name: _____

Mailing Address: _____

Telephone: _____

ACCOMMODATIONS

I require the following accommodation(s) to work as a volunteer (if applicable):

Where Did You Hear About Us?

- Social Media
- Friend or Family
- Other (Please Specify):

DECLARATION

As a volunteer for RISE: Resource Centre for Independent Living, I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service. I understand that RISE may terminate this agreement at any time without prior notice for any reason. I hereby authorize RISE to check my references, and I understand that a criminal background check is mandatory. I understand that

if I am to obtain and provide a valid Police Check (PC) to RISE, I am to pay the required fee as prescribed by my local town/city police station or the Ontario Provincial Police (OPP). I understand that I will be reimbursed this fee once a receipt is provided and my volunteer duties commence.

I certify that my answers on this application are true and complete. I certify that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal of volunteer duties.

I understand that after I submit this application, it will be reviewed and my eligibility for volunteer services will be determined. I agree to an interview with the volunteer coordinator and to attend an on-site orientation to perform my volunteer role.

I hereby release and waive liability against RISE: Resource Centre for Independent Living, a charitable non-profit corporation, its directors, officers, employees and agents, its successors, and assignors, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for the agency. Further, I agree that RISE is not liable for any damage to my property or my dependent's property resulting from volunteer work for the agency. I agree that this release is as broad and inclusive.

Dated this day, _____ of _____, 20____.

Volunteer's Name (Printed): _____

Volunteer's Signature: _____