

# LLOYDMINSTER INTERVAL HOME SOCIETY

## VOLUNTEER APPLICATION

### Contact Information



Date: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_

Current Employer: \_\_\_\_\_ Length: \_\_\_\_\_

### **VOLUNTEER EXPERIENCE**

| <b>AGENCY</b> | <b>TIME PERIOD</b> | <b>DUTIES</b> |
|---------------|--------------------|---------------|
|               |                    |               |
|               |                    |               |
|               |                    |               |

How did you hear about our agency? \_\_\_\_\_

Have you ever applied with the Lloydminster Interval Home Society before? \_\_\_\_\_

Have you ever been arrested for anything more than a traffic offense? \_\_\_\_\_

Community Involvement, Memberships, Clubs, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# LLOYDMINSTER INTERVAL HOME SOCIETY



The names of three references are required and the agency will contact each reference requesting information regarding your suitability to act as a volunteer for the Lloyminster Interval Home Society.

## PLEASE PRINT

**Employer who has known you for at least two years.**

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

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

**Friend or Peer who has known you for at least three years.**

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

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

**Blood Relative that has known you for at least ten years.**

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

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

# LLOYDMINSTER INTERVAL HOME SOCIETY



## **VOLUNTEER CONSENT FORM**

I hereby authorize the Lloydminster Interval Home Society to make such investigations as they deem necessary regarding my background, personal and otherwise to determine the accuracy of the information furnished in this application and release any cooperating agency or organization from liability for releasing requested information/opinion.

Information shared at this interview along with information exchanged at any time during the process of involvement with the program is confidential to the program and is the sole property of the Lloydminster Interval Home Society.

I understand that I will be subject to Criminal Record Check and Child Welfare Record Check.

I fully understand that the Lloydminster Interval Home Society, following review of my application, reserves the right to refuse or accept my application.

I, \_\_\_\_\_ hereby grant permission to the Lloydminster Interval Home Society to release in confidence relevant information which may be deemed necessary by them in connection with any service to the Lloydminster Interval Home Society.

---

*Signature of Applicant*

---

*Signature of Witness*

---

*Date*



## **CODE OF CONDUCT AGREEMENT**

As an employee/volunteer of the Lloydminster Interval Home Society I agree to:

1. At all times, uphold the Purpose, Vision & Philosophy of the Lloydminster Interval Home Society:

**Our Purpose:** To provide safety, support and education to families and communities regarding the issue of family violence.

**Our Vision:** To passionately work towards eradicating family violence.

**Our Philosophy:** We believe in empowering individuals and families towards an abuse-free lifestyle by living our values and beliefs which include: integrity, honesty, equality, respect, knowing our alternatives, our belief that each individual can reach their full potential, our understanding that all individuals have the capacity to grow and change, and our hope for an abuse-free society.

2. At all times behave in a way that upholds the moral tone of the Interval Home. To conduct myself in an appropriate and professional manner and not in any way that may damage the reputation and operations of the agency.
3. At all times, conduct myself in such a way that supports teamwork, cooperation and compassion.
4. Honor my 'Oath of Confidentiality'. Disclosure of any information relating to the Lloydminster Interval Home clients (past or present), staff and volunteers is strictly prohibited to take place with any persons not employed and/or actively volunteering within the organization.
5. Not share information that may be disrespectful in nature to any fellow employees and volunteers, or clients. I agree to not entertain such information sharing both within and outside the agency.
6. Not make improper use of :
  - a) Operational information of the Interval Home.
  - b) My duties as an employee or volunteer in an effort to gain personal advantage or the advantage of others.
  - c) Any Lloydminster Interval Home owned technology assets, i.e. computers, internet access or telephone, as per the Lloydminster Interval Home Society policies.
7. Refrain from any type of lobbying that may cause harm to the operations of the agency.

# LLOYDMINSTER INTERVAL HOME SOCIETY



## **CODE OF CONDUCT AGREEMENT**

8. Not speak, or imply to speak on behalf of the Interval Home, unless written authority from the Board of Directors has been granted. I understand this to be the role of the Executive Director and the Board of Directors.
9. Respect and comply with direction given by the direct supervisor or the Executive Director.
10. Adhere strictly to the Lloyminster Interval Home policies and procedures at all times.
11. To take reasonable steps to avoid any conflict with any fellow staff member, volunteer, or supervisor. Should a conflict arise and remain unresolved, I will address this with my direct supervisor for an appropriate method to resolve it. Should it remain unresolved, I will seek solution through Lloyminster Interval Home Society Grievance Procedure.
12. To comply with the Lloyminster Interval Home Society 'Code of Ethics'.

I understand that evidence of any breach of this Code of Conduct or reasonable speculation of breach will result in immediate dismissal.

---

*Printed Name*

---

*Date*

---

*Volunteer Signature*



## **CODE OF ETHICS FOR VOLUNTEERS**

As a Volunteer, I realize that I am subject to a code of ethics, similar to that which binds the professionals in the field in which I am working. Like them, I assume certain responsibilities and expect to account for what I do in relation to the volunteer work I do.

I will keep confidential matters confidential.

I will respect the intrinsic worth of every individual. I shall not inflict my values or preferences on others regarding race, age, religion, gender, culture, sexual preference, or socio-economic status.

I promise to take to my work an attitude of open-mindedness, to be non-judgmental, to be willing to take training that is offered to me and to bring to work my interest and attention.

I shall not conduct myself in any manner so as to be emotionally or psychologically abusive towards colleagues, clients, volunteers, or their contacts.

I will maintain a commitment to assess my own personal strengths, limitations, and effectiveness in order to strive towards a positive, richly effective team.

I believe that my attitude toward volunteer work should be respectful and professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

Being eager to contribute all that I can to human betterment, I accept this code for the volunteer as my code, to be followed carefully and cheerfully.

---

*Name of Volunteer (Please print)*

---

*Signature of Volunteer*

---

*Date*



**APPLICATION CHECKLIST  
AND PROCESS**

The APPLICATION FORM needs to be filled out in full.

The CODE OF CONDUCT FORM needs to be read and signed.

**\*\*PLEASE NOTE\*\* Because our clients are a vulnerable population, the Alberta Government and our Insurance carrier require an RCMP check for all Staff, Volunteers, and Board Members. This needs to be in place before anyone starts their employment or volunteer service.**

The CRIMINAL RECORDS CHECK needs to be filled out at the Lloydminster RCMP detachment 5106—44 Street. Picture ID is required. There is a fee for this of \$50.00 . The RCMP Detachment accepts Debit, Cheques, and Money Orders. Cash payment can be made at Lloydminster City Hall 4420-50<sup>th</sup> Avenue.

The OATH OF CONFIDENTIALITY needs to be filled out and signed before a Commissioner of Oaths. Keri, our Volunteer Coordinator is a Commissioner of Oaths.

Once all forms have been returned to the Volunteer Program Coordinator and references have been checked, the Volunteer Program Coordinator will set up an interview time.

**THANK YOU FOR YOUR INTEREST IN OUR PROGRAM**

**PLEASE CALL KERI AT 780-872-5005 IF YOU HAVE ANY QUESTIONS**