



Volunteer Application Form

(Please Print)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

Email: _____

Occupation/Place of Employment _____

Work Experience & Education: _____

Volunteer Experience: _____

Area of Interest (please select any areas you may be interested in volunteering)

***minimum age requirements**

- | | | |
|--|--|--|
| <input type="checkbox"/> Youth & Family Programming* | <input type="checkbox"/> Health, Fitness & Aquatics* | <input type="checkbox"/> Newcomer Connections |
| <input type="checkbox"/> Child Care* | <input type="checkbox"/> Membership Services | <input type="checkbox"/> International |
| <input type="checkbox"/> After School Care & Day Camp* | <input type="checkbox"/> Rainbows* | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Child Minding* | <input type="checkbox"/> Special Events | <input type="checkbox"/> Facility Maintenance & Housekeeping |

I give consent to contact the following 3 references provided:

Name: _____ Phone: _____
Email: _____

Name: _____ Phone: _____
Email: _____

Name: _____ Phone : _____
Email: _____

Please Note: As a condition of volunteering for the YMCA, the applicant is responsible for submitting a current satisfactory Criminal Record Check with a Vulnerable Sector Screening issued within 6 months prior to the start of a volunteer placement. Applicants that will have direct contact with children and youth will also be required to complete a Social Development Prior Consent form.

Signature: _____ Date: _____

For department use only:

Supervisor: _____ Location: _____



Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is entered into on _____, by and between the
 (Date)
 YMCA of Greater Saint John Inc. and _____ (thereafter known as "Volunteer").
 (Employee/Volunteer)

1. **"Confidential Information."** For purposes of this Agreement, Confidential Information shall mean all strategic and development plans; financial conditions; business plans; co-developer identities; data; business records; donor/customer lists; project records; market reports; employee lists; and business manuals, policies and procedures; information relating to processes or theory; and all other information made available to the Employee/Volunteer.

2. **Non-Disclosure Obligation.** Employee/Volunteer promises and agrees to receive and hold the Confidential Information in confidence. Without limiting the generality of the foregoing, Employee/Volunteer further promises and agrees:
 - To protect and safeguard the Confidential Information against unauthorized use, publication or disclosure.
 - Not to use any of the Confidential Information except for the business purposes.
 - Not to – directly or indirectly – in any way, reveal, report, publish, disclose, transfer or otherwise use any of the Confidential Information except as specifically authorized by the YMCA of Greater Saint John Inc. in accordance with this Confidentiality Agreement.
 - To restrict access to the Confidential Information to those YMCA of Greater Saint John Inc. officers, directors and employees/volunteers who clearly need such access to carry out the business purposes.
 - Not to make any use, publish or otherwise disclose to others, or permit others to use for their benefit or to the detriment of the YMCA of Greater Saint John Inc. any of the Confidential Information.
 - To comply with any other reasonable security measures requested in writing by the YMCA of Greater Saint John Inc.

3. **Exceptions:** The confidentiality obligations hereunder shall not apply to Confidential Information which: is, or later becomes, public knowledge other than by a breach of the provisions of this Agreement; is in the possession of the Employee/Volunteer, as evidenced by written records; or is independently received by the Employee/Volunteer from a third party, with no restrictions on disclosure.

4. **Return of Confidential Information.** The Employee/Volunteer agrees, upon termination of the relationship or upon the written request of the YMCA of Greater Saint John Inc., whichever is earlier, to promptly deliver to the YMCA of Greater Saint John Inc. all records, notes and other written, printed or tangible materials in the possession of the Employee/Volunteer, pertaining to the Confidential Information.

Company: YMCA of Greater Saint John Inc.

Company Representative: _____

Date: _____

Representative Position: _____

Employee/Volunteer: _____

Date: _____



CONFLICT OF INTEREST GUIDELINES

INTRODUCTION:

1. The Guidelines on Conflict of Interest described below are effective immediately and apply to all employees of the YMCA of Greater Saint John Inc.; members of the Board of Directors of the YMCA (Employee/Volunteers).
2. For the purpose of these Guidelines "Employee/Volunteer" means:

Any person who is an employee, or has a Personal Services Contract with the YMCA of Greater Saint John or is a member of the YMCA's Board of Directors, or a corporation controlled by such persons and who supplies goods and services to the YMCA.

OBJECT:

To establish rules of conduct respecting Conflict of Interest, so that the integrity of the YMCA of Greater Saint John is conserved at all times especially in the area of the administration of Government Grants and contributions.

PRINCIPLES AND COMPLIANCE:

Employee/Volunteers are responsible for taking such action as is necessary to prevent real, potential or perceived conflicts of interest. More specifically:

1. Employee/Volunteers should not have private interests that would be affected particularly or significantly by the YMCA's actions in which they participate;
2. Employee/Volunteers should not step out of their official roles to assist entities or persons in their dealings with the YMCA where this would result in preferential treatment to any person or corporation.
3. Employee/Volunteers shall not directly or indirectly use, or allow the use of, YMCA property for anything other than officially approved activities.
4. Employee/Volunteers shall not knowingly take advantage of, or benefit from, information that is obtained in the course of their official duties and responsibilities and that is not generally available to the public.
5. Employee/Volunteers must not accord preferential treatment in relation to any official matter to family members or friends, or to organizations in which the employee/volunteer, family members or friends have an interest. Care must be taken to avoid being placed, or appearing to be placed, under obligation to any person or organization that might profit from special consideration by the employee/volunteer.
6. Employee/Volunteers should not accept, directly or indirectly, any gifts, hospitality or other benefits that could influence, or be perceived to influence, employee/volunteers in their judgement and performance of official duties;
7. Employee/Volunteers shall not allow themselves to be influenced in the pursuit of their official duties and responsibilities by plans for, or offers of, outside employment. Employee /Volunteers must disclose all offers of employment that could place the employee in a conflict of interest situation; and disclose immediately the acceptance of such offers.
8. Employee must not engage in outside employment or other activities if such employment or activities place on them demands inconsistent with their official duties and responsibilities or call into question their capacity to perform their official duties and responsibilities objectively and efficiently;

Over.....

9. Employee/Volunteers shall not act, after they terminate their relationship with the, in such a manner as to take improper advantage of their previous office.
10. Employee/Volunteers shall turn over to the YMCA any honoraria or consulting fees received when such payments flow from the employee/volunteer's official role.
11. When the purchase of goods and services is required, there (3) prices must be obtained for said service. Where competitive prices are unavailable, e.g. newspapers, telephone bills, etc., this rule does not apply. Where purchase for goods and services exceeds \$5,000.00 three (3) proposals must be received unless specifically waived in writing by the CEO, who, in turn, will forward a copy of such waiver to the Chairperson of the Board.

DISCLOSURE AND CLARIFICATION:

If a Board Member feels that a conflict of interest is unavoidable, disclosure must be made immediately to the Chairperson and the Executive Committee of the Board of Directors.

If a situation arises, where an employee/volunteer is not sure whether there is in fact a conflict of interest, he or she should seek clarification from the Chairperson and/or the Board of Directors.

FAILURE TO COMPLY:

An employee/volunteer who does not comply with the above guidelines is subject to appropriate disciplinary action up to and including termination.

CERTIFICATION:

Board of Directors members and all Employee/Volunteers must sign this document annually, certifying that they have read and understood these guidelines and that, as a condition of employment or of volunteering, they will observe them.

EMPLOYEE/VOLUNTEER:

Name: _____ **Date:** _____

Signature: _____

Position: _____ **Staff:** _____ **Volunteer:** _____

Disclosure: _____



Volunteer Agreement

I _____, understand that prior to commencing and during any volunteer work within YMCA of Greater Saint John:

- I am required to provide the YMCA of Greater Saint John with a current Criminal Reference Check. Reference checks should not be dated more/older than 6 months from the application date.
- The YMCA of Greater Saint John will contact references provided in this application form.
- I am required to provide the YMCA of Greater Saint John with any required certifications for the role. I am required to keep any mandatory certifications for my role up to date.
- I received a Volunteer Handbook, which includes general information about the role, expectations and benefits of volunteering at the YMCA of Greater Saint John. I agree to read the Volunteer Handbook and Volunteer Code of Conduct and follow the policies and procedures of the YMCA of Greater Saint John.
- I will receive a detailed job description of my responsibilities and expectations, in which I will be held accountable. If I am unable to, or experience any difficulties performing the required duties, I will meet with the supervisor to discuss concerns or a relocation of placement.
- I am required to participate in specific training requirements and communicate any availability changes.
- I will return my YMCA name tag and any YMCA uniform I am provided upon completion of my volunteer opportunity.
- I give permission for the YMCA of Greater Saint John to use any photo of myself, individually or in a group, at an Association-related activity for the purpose of public relations (publication in print and electronic media)

Yes No

Volunteer Signature: _____

Date: _____

Youth Volunteer Consent

YMCA of Greater Saint John recognizes the value of youth performing volunteer work in our community. It is the policy of the YMCA of Greater Saint John that all youth volunteering less than 18 years of age, have signed consent by a parent or guardian agreeing all requirements of a volunteer placement prior to beginning their volunteer duties.

I, the undersigned, give parental or guardianship consent to the above named volunteer in this application for them to perform volunteer work if successful in this role and consent to all requirements of a volunteer placement with the YMCA of Greater Saint John including consent to use any photo of the above named volunteer in this application, individually or in a group, at and association related activity for the purpose of public relations (publication in print and electronic media).

Parent/Guardian Signature: _____

Date: _____

Send to: Fax – 506-856-3013
 Social Development
 Centralized Intake Service
 774 Main Street, 2nd Floor
 Moncton, NB E1C 9Y3
 (506-856-2258)
 Check.verification@gnb.ca

Return to: Jennifer Galbraith
 Fax: 506-634-0783
 Phone: 506-646-2116
 191 Churchill Blvd.
 Saint John, NB E2K 3E2

You should indicate if it is for:
 Initial Check
 Five year renewal
 Other

SD Record Check Consent Form – Appendix C

Name of Agency / Service: YMCA of Greater Saint John Fax: 506-634-0783
 Address: 191 Churchill Blvd , Saint John, NB, E2K 3E2 Telephone: 506-646-2116

PLEASE PRINT

Full Name of Applicant:
Surname First Name Middle Name

Maiden Name: Other(s) surname(s):

Date of Birth: Sex: M F Previous employer: _____
Year Month Day

Current address: _____
 Previous Addresses (within past five years): _____

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting an SD Record Check & disclosing information obtained through that record to the aforementioned care provider.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the *Family Services Act*.

Any individual who has one of the following criteria (fitting the definition of “contravention indicated”):

- a) a court order based on a finding by the court that a person has endangered a child’s security or development as describes in paragraphs 31(1)(a) to (g) of the Act or a person’s security as described in paragraphs 37.1(1)(a) to (g) of the Act;
- b) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security or development of a child as described in paragraphs 31(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister; and
- c) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security of another person as described in paragraphs 37.1(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister;
- d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user.

Shall not be permitted to:

- operate or work in a day care facility, adult residential facility, child placement facility (for example: a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence;
- provide home support services, such as attendant care, and homemaker;
- become an adoptive parent.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization. Individuals not in agreement with the outcome of their record check may request, in writing, and administrative review. Applicants may request an exemption to their contravention if three years have passed and the applicant can demonstrate positive personal changes.

X _____ Dated this _____ day of _____, 20 ____
 Signature of applicant

Contravention not indicated Contravention indicated Signature _____ Date _____

PLEASE PROVIDE A COPY OF THIS PAGE TO THE AGENCY OR SERVICE FOR ITS RECORD (March 2015)



YMCA of GREATER SAINT JOHN

CONSENT AND AUTHORIZATION FOR POLICE RECORDS VERIFICATION

The undersigned authorizes: _____

(the "Police Authority") to full disclosure of police information relating to criminal records as well as Vulnerable Sector verification. I hereby release the Police Authority and the YMCA of Greater Saint John from any liability as a result of such disclosure. I understand this check may require fingerprinting for the purposes of verifying my identity and consent to this procedure, if requested.

Search is requested for:

Employment

Volunteer

Vulnerable Sector Search Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Surname (Print)

Maiden Name (or previous surname)

Given Names

Date of Birth (DD/MM/YYYY)

Male

Female

Place of Birth

Current Address

City/ Province

Signature

Date

***The applicant must produce two pieces of appropriate identification that confirms their name, date of birth and address. One piece of identification must include a photo. Out of town/country students must present their current student I.D. card for the college/university they are attending. Applicant must attend in person.**

*Please note – The Saint John Police Force does not have same day service
Cost - \$25.00 (tax included); free if applying to volunteer for a non-profit organization.

Contact:

Employment

Volunteer

Elizabeth Gibson
HR & Office Coordinator
506-634-4937
E.Gibson@saintjohny.com

Jennifer Galbraith
Volunteer and Rainbows Coordinator
506-646-2116
J.Galbraith@saintjohny.com