



MEMO

From: Ang Elley
Subject: Volunteer Application

Welcome to Linck Child, Youth and Family Supports. We are a multidisciplinary agency serving the children, youth and families of Chatham-Kent. We work with our community to make strong connections for a better future.

Thank you for offering to volunteer with us. We value our volunteers and pride ourselves in having a dynamic team of dedicated individuals.

As a volunteer candidate, you are required to complete the Volunteer Application. Please drop it off or mail it to: 495 Grand Ave. West, Chatham Ontario N7L 1C5.

A 'Volunteer Screening Information' form has also been included with this application package; you will be required to submit the completed form. Please ensure you have the requested information completed in full. The information will be used to start the screening process for direct service volunteers. You are also required to complete the consent form in order to be added into the CPIN database and consent for child welfare records checks to be completed.

You will also be required to submit proof of a Police Records Check. This process can now be completed online. Please go to www.ckpolice.com and request a Vulnerable Sector Police Clearance. There will be a small fee for this service. Keep your receipt for reimbursement when you begin your volunteer placement.

If you have any questions or concerns or would like more information, please do not hesitate to contact me at 519 358 4554.

Clerical Support _____
 Special Projects _____
 Volunteer Driver _____

- If you are interested in becoming a Volunteer Driver do you have a valid Driver's license and Insurance?

From what source did you learn about our volunteer program?

Are you able to volunteer:	Yes	No
Morning	_____	_____
Afternoon	_____	_____
Evenings	_____	_____
Weekends	_____	_____

Additional information concerning available time:

Signature: _____ Date: _____
DD MM YR

Witness: _____ Date: _____



VOLUNTEER SCREENING INFORMATION

The following information will be used in our screening process for volunteers applying to work in direct service positions.

Name: _____ Date of Birth: _____
First Middle Last DD MM YR

Marital status: _____ Previous Names: _____
Single, Married, Separated, Divorced

Spouse/Partner: _____ Date of Birth: _____
DD MM YR

Children: _____

D.O.B.: _____
DD MM YR DD MM YR DD MM YR

Mother: _____ Father: _____

D.O.B.: _____ D.O.B.: _____
DD MM YR DD MM YR

Brothers/Sisters: _____

D.O.B.: _____
DD MM YR DD MM YR DD MM YR

References: Must be over 18 years of age and a non-relative.

1. _____
Name Phone # Relationship to You

2. _____
Name Phone # Relationship to You

In case of emergency contact:

Name Address Phone #

In completing this Volunteer Screening Information form, I hereby permit the Volunteer Coordinator of Linck to contact the persons named as references and also to make inquiries as may be deemed necessary to ascertain my suitability as a direct service volunteer. I understand that this information will be held in confidence.

Signature _____ Date: _____

Witness: _____ Date: _____

Dedicated to making Chatham-Kent the safest community in Ontario

BACKGROUND CHECKS

CAN NOW BE DONE ON-LINE

WWW.CKPOLICE.COM

CLICK ON THE LINK "GET CLEARED"



TO ACCESS THE REGISTRATION SITE.

PAID ON-LINE BY CREDIT CARD / VISA DEBIT / OR INTERACT