



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.



VOLUNTEER/ STUDENT APPLICATION

Full Legal Name: _____
First Middle Last

Address: _____ Home Tel: _____
_____ Postal Code. _____ Bus. Tel: _____

Email address: _____ Place of Birth: _____

Over 18 years of age YES ___ NO Are you eligible to work in Canada? _____

Language Preferences: ___ English spoken ___ English written
___ French spoken ___ French written
Other : _____

Employment: Present/previous employment field, community or volunteer involvement

Other skills, experience and special interests:

Education: Please give a brief outline of your educational background

Why do you wish to become a volunteer?

What type of Volunteer work are you presently interested in?

Child Care _____

Tutor _____



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. I also permit the Children's Aid Society to complete a record check to ascertain any child welfare history to review.

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



Consent to Release of Information



I _____ Date of Birth: _____
Present Full Name DD/MM/YYYY

Past/Other Names (Birth Name, Married Name, Other Names)

of _____
Current Address - Street, Apt./Suite No., City, Postal Code

hereby consent to a search being made of the records of any Child Welfare Society (including but not limited to Fast Track and Child Protection Information Network (CPIN)) and/or Child Welfare Societies in Canada and hereby consent to disclosure of, transmittal to, or examination by Linck of any information in possession of the Child Welfare Society in Ontario and/or the Child Welfare Society in Canada regarding myself as an adult and/or regarding my minor children:

Child's Name: _____ Date of Birth: _____
DD/MM/YYYY

Child's Name: _____ Date of Birth: _____
DD/MM/YYYY

Previous places of residence (since 18 years of age):

City/Province _____ Dates: _____

City/Province _____ Dates: _____

City/Province _____ Dates: _____

City/Province _____ Dates: _____

I _____ acknowledge that the consent requirement has been fully explained to me. I understand that, in order to proceed to become a Volunteer, I must grant and willingly do consent to Linck conducting a search in the Child Protection Information Network and/or Fast Track database. I understand that in order to proceed with the application process to become a Volunteer, I must grant, and willingly do consent to the information pertaining to me, being entered permanently into the Child Protection Information Network (CPIN) database by Linck.

Signed by: _____ Date: _____
DD/MM/YYYY

Witnessed by: _____ Date: _____
DD/MM/YYYY