



PRINCE GEORGE COUNCIL OF SENIORS
SENIORS RESOURCE CENTRE
1330 5th Ave
Prince George, BC V2L 3L4
250 564 5888
VOLUNTEER APPLICATION FORM

Contact Information

Name: _____

Address: _____

Phone#	Home	Cell	Other
	_____	_____	_____

Email Address _____

Preferred method of communication: ☐ Home Phone ☐ Cell ☐ Email

1. How did you find out about the volunteer program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Information Display | <input type="checkbox"/> Volunteer Centre or Internet |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Other (please Specify) | |

2. Do you speak languages other than English? If yes, which ones?

3. Do you have any previous volunteer experience? If yes, please describe.

4. Please list your hobbies, skill and special interests that may contribute to your role.

5. How many hours per week are you interested in volunteering? _____

6. Do You have any office or Computer skills: _____

7. Do you have a current and valid BC Driver's license? Yes ☐ No ☐

8. Do you have a vehicle for transportation? Yes ☐ No ☐

9. Please List three (3) references (not relatives/roommates):

10. What areas of Volunteering would you like to assist in:

- Preparing Blue Bottle kits, OR stapling, folding, stuffing, etc
- Christmas hamper preparation OR delivery
- Friendly phone calls
- Front desk
- Meals on Wheels delivery
- Better at Home: Grocery orders, deliveries
- Garage or Parking lot sales OR other fundraising events
- Seniors Fair @ BCNE in August
- Special events – preparing/serving refreshments, hostess/host or greeters, information tables
- other: _____

11. Availability

Please check the boxes for the days of the week and times of day you are available?

Week Day 9:am to 4:pm	Morning	Afternoon	Flexible	Comments?
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

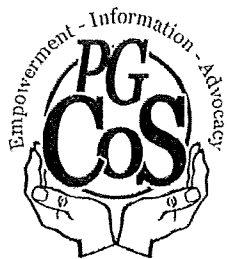
The Prince George Council of Seniors (PGCOS) Mission

The mission of PGCOS is empowering seniors/elders. We do this through provision of information, referrals, advocacy and programs/services. Our volunteers are our greatest resources.

I understand that this application requires a criminal record check. I hereby authorize PGCOS to collect and confirm personal information appropriate to my volunteer position. I understand that all information obtained is confidential but may be shared with relevant PGCOS staff.

Signature

Date



PRINCE GEORGE COUNCIL OF SENIORS (PGCOS)

Seniors Resource Centre

1330 5th Ave

Prince George, BC V2L 3L4

Phone 250 564 5888

www.pgcoss.ca

Confidentiality Policy

All Volunteers and employees are required to sign a Confidentiality Policy Agreement.

The Policy: It is the policy of the Prince George Council of Seniors (PGCOS) and the Seniors Resource Center (SRC) that strict confidentiality be maintained by volunteers and employees regarding certain information with respect to the operation of the duties to which they are assigned.

No information concerning clients/volunteers/employees is to be given out at any time. This information includes addresses, telephone numbers, program participation, services requested, etc.

No information is to be given out in relation to the financial matters of the Society/organization. This includes budget information, donations of money or gifts in kind, salary information, client assistance etc.

Questions from the public in regard to the operation of this organization should be directed to the Executive Director of the organization.

Failure to comply with the above listed will result in disciplinary action which may result in dismissal.

Employee/Volunteer Name

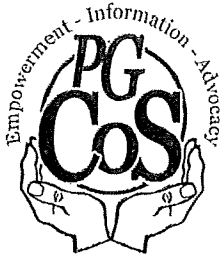
Position

Employee/Volunteer Signature

Date

Executive Director or Board President Name

Signature



PRINCE GEORGE COUNCIL OF SENIORS (PGCOS)

Seniors Resource Centre

1330 5th Prince George, BC V2L 3L4

Phone 250 564 5888

www.pgcoss.ca

Date: _____

Prince George RCMP Detachment
455 Victoria Street
Prince George BC
V2L 0B7

To Whom it may concern:

RE: Criminal record Check for:

Name: _____

DOB: _____

Address: _____

Phone: _____

This person is volunteering for the Prince George Council of Seniors/Seniors Resource Centre and will not be paid for their work or compensated for any expenses.

This person will be involved, either directly or indirectly with seniors, or will have access to personal information about seniors.

Please assist them with a Criminal record Check.

Respectfully

Michelle McGregor

Executive Director

Prince George RCMP Detachment

Police Information Check

XXXX Police Use Only	
Log:	
Receipt:	
Received at:	

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
 Any applicable fee (see website for costs and payment options).
 One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.
 If you are unable to provide proper identification the police agency cannot complete your check.
 Your Police Information Check will review all available law enforcement systems, including any local police records.
 This check will **NOT** include: overseas or US records, traffic tickets, or municipal bylaw offences.

The results of this check will not be forwarded to a third party
 (with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

STREET NAME:	CITY:	PROVINCE:	*Check Completed (office use only)
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): ☐ Volunteer (attach letter) ☐ - Employment ☐ Other (specify below)

Key Contact Name: _____

Volunteer Agency/Employer Name: _____

Volunteer Agency/Employer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: ☐ YES ☐ NO

(If yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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VULNERABLE SECTOR APPLICANTS

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): _____

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*): _____

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine 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 Minister of Public Safety 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 the 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.

Signature of Applicant

Date Signed

DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- o Please list below all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- o Do Not disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- o Do Not disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant

Date signed

Applicant Name

Applicant DOB

SEARCH AND DISCLOSURE CONSENT AND LIABILITY RELEASE

I request and consent to the Prince George RCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police; any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released directly to me and not to any third party; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of the City of Prince George, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

FOR OFFICE USE ONLY

QUERIED BY	QUERIED BY	Result	Notes	Date
OPIC				
CRIME				
INTELL				
JUSTICE				
INVEST				
INVEST				

NOTES (office use only):