



## VOLUNTEER AGREEMENT

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Date of birth: (DD/MMM/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F

3. Permanent street address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

4. Permanent phone: (\_\_\_\_) \_\_\_\_\_ Cell phone (optional): (\_\_\_\_) \_\_\_\_\_

5. Languages spoken:  English  French  Other(s): \_\_\_\_\_

6. Do you have a valid driver's license?  No  Yes

7. Please check all that apply:

First Aid:  No  Yes valid until: \_\_\_\_\_

CPR:  No  Yes valid until: \_\_\_\_\_

Non-Violent Crisis Intervention:  No  Yes valid until: \_\_\_\_\_

8. Education:

Level	Name and Location	Year of Graduation	Degree/Major/ Concentration	Certification
High school				
College				
University				
Grad School				



## VOLUNTEER AGREEMENT

10. Availability (please indicate the hours in the morning, afternoon and evening you are available)

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Morning</b>						
<b>Afternoon</b>						
<b>Evening</b>						

11. Have you had any previous experience with people with Autism or special needs? If yes, please share:

---

---

---

12. Discuss any previous experiences that may have prepared you to become an effective volunteer (i.e. job experience, other volunteer experience, extra-curricular activities, life experience):

---

---

---

13. What inspired you to get involved with Teamworks Dufferin?

---

---

14. Have you previously been a volunteer with Teamworks Dufferin?  Yes  No

If yes, name the program you were involved in: \_\_\_\_\_

Who was your contact for this program? \_\_\_\_\_



## VOLUNTEER AGREEMENT

15. Please check the five activities that you most enjoy:

- |                                      |   |  |   |                                      |
|--------------------------------------|---|--|---|--------------------------------------|
| <input type="checkbox"/> Movies      | <input type="checkbox"/> Playing cards  | <input type="checkbox"/> Travelling      | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Staying in  |
| <input type="checkbox"/> Going out   | <input type="checkbox"/> Shopping       | <input type="checkbox"/> Karaoke         | <input type="checkbox"/> Biking             | <input type="checkbox"/> Dancing     |
| <input type="checkbox"/> Video games | <input type="checkbox"/> Arts/Crafts    | <input type="checkbox"/> Sporting events | <input type="checkbox"/> Rollerblading      | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Playing Sports | <input type="checkbox"/> Cooking         | <input type="checkbox"/> Other(s):          |                                      |

### Emergency Contact

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

### References

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Peer Volunteer: \_\_\_\_\_



## VOLUNTEER AGREEMENT

### Volunteer Guarantee and Consent Form

- I \_\_\_\_\_ understand that Teamworks Dufferin has placed me in a position of trust as a volunteer. I agree to maintain confidentiality by not releasing any personal information of the participants involved in the program.
- I understand that as a volunteer with Teamworks Dufferin, I will have the opportunity to gain invaluable experience, learn from my peers and offer my gifts and talents when/where they may be utilized.
- As a volunteer, I will contact \_\_\_\_\_ if any changes must be made to my volunteer times.
- I affirm that I have never been fired or asked to resign from a paid or volunteer position because of sexual harassment. I have not been charged or convicted of a sexual crime, including sexual harassment, sexual molestation or abuse of a child. **I understand that in order to participate in the Teamworks Dufferin Volunteer Program I must undergo a criminal records check and must have police clearance.**
- As a volunteer, I know it is not permitted to bully, belittle, make fun, physically hurt, or be hurtful towards other people. I understand that any act or omission of unfriendly conduct can result in immediate dismissal from my volunteer role. As a volunteer, I will notify \_\_\_\_\_ if I am experiencing difficulties with anyone/anything pertaining to my volunteer position.
- I give permission to be photographed and/or filmed at any Teamworks Dufferin activity and I understand that any photograph or videotape may be used at the discretion of Teamworks Dufferin for publicity purposes. Yes \_\_\_\_\_ No \_\_\_\_\_
- I will release to Teamworks Dufferin any medical information that may be necessary in case of an emergency. I authorize Teamworks Dufferin to obtain medical treatment for me in the event of injury or illness in connection with a Teamworks Dufferin activity and I agree to pay any expense incurred for treatment.
- I agree that as long as the Teamworks Dufferin Organization and Staff have done their duty and taken the necessary steps to protect its participants that I will not hold them responsible for any accident, injury or illness that I may suffer at a Teamworks Dufferin activity.
- Teamworks Dufferin respects your right to privacy. We protect your personal information and follow the rules outlined by the government. We do not rent, sell or trade our participants' information.

**This is to certify that I have read, understood, and agreed with the above statements:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



## **VOLUNTEER AGREEMENT**

Please share any additional information about your knowledge or experience with Autism and or Special Needs: