



**Hespeler Village**  
Neighbourhood Association

## **VOLUNTEER APPLICATION FORM**

HVNA office is located in Beehive Hall, Hespeler Arena

640 Ellis Road

Cambridge, ON N3C 4N1

[P] 519.240.3567

[E] [info@hvna.ca](mailto:info@hvna.ca)

[W] [www.hvna.ca](http://www.hvna.ca)

To the extent that the foregoing information constitutes personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990, Charter M.56, as amended, the information is subject to the provisions of the Act and will be used for the purposes indicated or implied by the form. Questions about the collection of personal information should be directed to the Executive Director of Hespeler Village Neighbourhood Association.

### **VOLUNTEER INFORMATION**

Last Name:

First Name:

Age:

Address:

City:

Province:

Postal Code:

Phone Number:

Email:

Volunteer Position Applying For:

## EMERGENCY CONTACT, MEDICAL & ACCESSIBILITY INFORMATION

Emergency Contact Name/ Relationship:

Name:

Relationship:

Emergency Contact Phone Number/ Email:

Phone Number:

Email:

Do you have any medical concerns/conditions (E.g. Allergies, Asthma, Diabetes):

☐ YES

☐ NO

If yes, please explain:

Do you as an volunteer require support of accommodation due to a disability?

☐ YES

☐ NO

If yes, please explain how HVNA can accommodate you:

If there is anything else you'd like HVNA to know regarding your Emergency Contact, Medical and/or your Accessibility Information, please explain (**optional**):

## EXPERIENCE

Please list any volunteer or work experience that may be relevant to the role you're applying for:

Please list any skills, interests, certifications, etc. that may be relevant to the role you're applying for:

How did you learn about this volunteer opportunity?

Have you previously volunteered with HVNA?

☐ YES

☐ NO

Can you provide a resume?

☐ YES

☐ NO

If there is anything else you'd like HVNA to know regarding your experience, please explain (**optional**):

## AREAS OF INTEREST

☐ Early Years Programs

☐ Youth Programs

☐ Adult Programs

☐ Family Programs

☐ Fundraising

☐ Special Events

☐ Social Media

☐ Administration

## COMMITMENT

☐ Less than 6 months

☐ 6 months to 1 year

☐ Ongoing

On average, how many hours could you commit each week?

Are there any days/time slots that you prefer to volunteer?

## LEADER IN TRAINING PROGRAM INFORMATION

*Please only fill out this portion of the application form if you are applying for the LIT Program. If you are applying for other volunteer opportunities, do not fill this section out.*

Please indicate your preferred t-shirt size (Adults Sizes):

☐ Small

☐ Medium

☐ Large

☐ X-Large

Please indicate which day(s) you are signing up for:

*Please note, the LEAD curriculum will be delivered on **only** Tuesdays and Thursdays. Mondays and Wednesdays are optional days to earn more volunteer hours.*

☐ Monday 3:30-5:30

☐ Tuesday 3:30-5:30

☐ Wednesday 3:30-5:30

☐ Thursday 3:30-5:30

## VOLUNTEER SCREENING

Have you ever been convicted of a criminal offence for which a pardon has been granted?

☐ YES

☐ NO

Will you agree to a Police Record/ Vulnerable Sector Check?

☐ YES

☐ NO

## VOLUNTEER REFERENCES

Please provide two references who can supply information that relates to your work or volunteer performance. Please no family members. **Reference checks are completed by the Community Engagement Coordinator. Failure to get into contact with the provided references will be enough cause for the dismissal of the application.**

**1**

Name:

Relationship:

Phone Number:

Email:

**2**

Name:

Relationship:

Phone Number:

Email:

## PHOTOGRAPHIC RELEASE WAIVER

I hereby give permission to Hespeler Village Neighbourhood Association for use of my picture in any promotional material including advertising, publications, brochures, video productions and other uses. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium. I understand these materials may be used by Hespeler Village Neighbourhood Association.

Volunteer/ Guardian Signature:

Date:

## VOLUNTEER AGREEMENT FORM

In applying to preform duties for Hespeler Village Neighbourhood Association as a volunteer, I fully understand and agree to the following:

1. That I will not be participating in volunteer opportunities in the capacity of a Hespeler Village Neighbourhood Association employee or independent contractor.
2. That I will not receive any remuneration, salary, wage, or payment or any employee benefit whatsoever, to be covered by the Workplace Safety Insurance Act, 1997, S.O.1997 Chapter 16, Sch. A
3. That except as authorized, I will not use Hespeler Village facilities and equipment.
4. That I will immediately notify the appropriate Hespeler Village representative of any incident that involves personal injury or property damage during my duties.
5. That either Hespeler Village or I, myself, may terminate my volunteer activities at any time.
6. I acknowledge that volunteer activity may involve personal risk or damage or injury. Notwithstanding this acknowledgement, I hereby release Hespeler Village, Board of Directors, employees, and agents from all claims for damage or injury to myself resulting from my participation as a volunteer, unless such damage or injury is caused solely by the gross negligence of Hespeler Village Neighbourhood Association.
7. I understand that a volunteer position is conditional upon a 30-day probationary period, during which all statements made on this application may be verified.

8. It is my responsibility to read and understand the related policies, procedures, and guidelines of the Hespeler Village Neighbourhood Association. I also agree to follow these policies, procedures and guidelines as passed by the Board of Directors.
9. I understand and agree that privileged information received about program participants, volunteers, and/or staff of Hespeler Village Neighbourhood Association is confidential. It may only be revealed to my direct supervisor within the Hespeler Village Neighbourhood Association. Failure to maintain confidentiality may be cause for immediate dismissal or will be means for other corrective action.

**By signing this form, I acknowledge the above conditions for any volunteer role that I am assigned and agree to perform for Hespeler Village Neighbourhood Association.**

Volunteer/ Guardian Signature:

Date:

Community Engagement Coordinator Signature:

Date:

**If the volunteer is under 18 years of age, a parent or legal guardian must also sign the following:**

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_, a minor pursuant to the Age of Majority and Accountability Act. R.S.O. 1990, c A.7, and that s/he has my permission to serve as a volunteer with Hespeler Village Neighbourhood Association. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Parent/Legal Guardian Signature:

Date:

**Note:** This form must be completed and signed by the volunteer before being accepted by Hespeler Village Neighbourhood Association (HVNA) for volunteer activities. For questions or concerns regarding this form, please contact Hespeler Village Neighbourhood Association at 519.240.3567 or email the Community Engagement Coordinator at [laurend@hvna.ca](mailto:laurend@hvna.ca).