

SENIORS CENTRE WITHOUT WALLS SASKATCHEWAN INC.**Staff and volunteer APPLICATION**

Name of Volunteer/Employee: _____

Address: _____

Cell telephone: _____

Home telephone: _____

Emergency Contact: _____

Relationship: _____

Email: _____

**NOTE: Screening is mandatory with Seniors Centre Without Walls
Moose Jaw Inc. ("SCWW") as you will be working with a vulnerable sector.**

This application must be accompanied with:

1. References.
 - a. Applicants must have two separate references.
 - b. Each reference must know the applicant for a minimum of two years.
 - c. No references can be related to the applicant.
 - d. Return all references forms with your application in PDF.
2. Criminal Record Check.
 - a. A clear **Vulnerable Sector Record** check is needed from the RCMP or the City Police depending upon where you live. No fingerprints are needed.
 - b. Tell them that a volunteer organization requires the check and they may waive the fee.
3. Return all forms to SCWW office:
 - a. Seniors Centre Without Walls, c/o Amber Montgomery – amberscww@gmail.com
 - b. You can also email forms to: seniorswithoutwalls2021@gmail.com
 - c. [For Information 306. 631-4357 NO TEXTS.](#)

As a volunteer or employee, I acknowledge that:

- I am 18 years of age and older;
- I am subject to the direction and policy of SCWW;
- I am assigned duty at the sole discretion of SCWW;
- If I am a Volunteer, I am giving my time to serve SCWW and expect no further compensation in return for services provided.; and
- I irrevocably grant SCWW and its agents, the exclusive right to use my name, in likeness, photos for any purpose including website articles, promotion, advertising or other purposes.

Is this your first time applying for SCWW? (circle) yes no

Volunteer Activity: (check as many as applicable)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Social visit phone calls | <input type="checkbox"/> House Cleaning | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Shopping/Delivery of essential services | <input type="checkbox"/> Gardening | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Errands | <input type="checkbox"/> Snow Shovel | <input type="checkbox"/> Pet Walking |
| <input type="checkbox"/> Office work | <input type="checkbox"/> Grass Cutting | <input type="checkbox"/> Meal Prep |
| | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Other: |

Host - Facilitator: Yes No

Relevant Experience with the Above Activities: _____

Do you have unique skills, interests that you can share with participants? (webpage, photography, video editing, etc.

What are your interests:

References:

List two adults over 18 years that are not related to you, and who have known you more than two years. These could be a current employer, co worker, family physician, clergy, or other professional in the community. By completing this application, you acknowledge that SCWW may contact your listed references.

*Please give each reference the form to fill out. Have your reference return it us by mail or email it to our office or they may give to you in a PDF saved format.

1. Name: _____

Address: _____

Phone: _____ Email _____

2. Name: _____

Address: _____

Phone: _____ Email _____

I acknowledge:

- That misrepresentation or omission of facts requested is cause for non-appointment or suspension. For so long as I maintain your application and/or volunteer services with SCWW, I will advise SCWW if any information contained in this application, including convictions of any offence, changes. I understand that SCWW will keep all the information contained in this form, as well as accompanying documents, in the strictest confidence.
- That I have read the applicant forms and I have disclosed any limitations or conflicts of interest on my ability to perform my duties.
- That I am under no legal impediment to performing volunteer duty and will comply with providing my Vulnerable Sector Criminal Record Check. If there is an incident recorded on the Criminal Record Check then I will attach a written explanation provided by the Police Department and fingerprints if deemed necessary.
- That I understand and am aware of the existence of the COVID-19 pandemic and that my activities may require some interaction, if applicable, with the public, and SCWW is unable to guarantee protection for me from exposure to the coronavirus.
- I have read and understand the above and agree to the terms and conditions required by SCWW to be a volunteer.
- That if SCWW accepts my volunteer application I will be required to complete a volunteer agreement form prior to volunteering, and failure to do so will result in the termination of my volunteer position with SCWW.

DATE: the ____ day of _____, 20____

PRINT NAME: _____

SIGNATURE: _____

REFERENCE FORM ONE (give this form to your reference)

You have been asked to be a reference for: _____

Please read the following and carefully answer the questions below, thoroughly and honestly. Your response will be held in the confidence by Seniors Centre Without Walls Saskatchewan Inc.. (“SCWW”). Your response will be used to determine the suitability of the applicant for a volunteer position or employed or contract position, with SCWW. We work closely with older adults that are in the Vulnerable Sector.

****Please return your signed reference form to** Seniors Centre Without Walls, Amberscww@gmail.com. You can also email forms to : seniorswithoutwalls2021@gmail.com and [For Information 306.631-4357](#)

1. How long have you known the applicant? _____
2. What is your relationship/how do you know the applicant? _____

3. Please fill in the blank with one of these words: Excellent, Good, Fair, Poor

The applicant's:

Honour/Integrity is: _____

Dependability is: _____

Trustworthiness: _____

Respectfulness/compassion towards older adults: _____

4. Would you feel trust and feel comfortable if the applicant was to be alone on a one-on-one basis with a vulnerable person or older adult, for whom you are responsible? Or alone with your older friend or family member? Yes No
5. Have you any reason to believe the applicant may be abusive verbally, physically, or sexually with older adults or children? Yes No
6. Would you recommend this applicant as a volunteer that will have direct and indirect contact with older adults? Yes No

If you answered “no” to any of the above questions, please explain why:

Please add any other comments you have on the back of the form if needed.

Your name: _____ Phone number: _____

Address: _____

Postal Code: _____ Email _____

Date: _____ Signature: _____

REFERENCE FORM two for second reference

You have been asked to be a reference for: _____

Please read the following and carefully answer the questions below, thoroughly and honestly. Your response will be held in the confidence by Seniors Centre Without Walls Saskatchewan Inc.. (“SCWW”). Your response will be used to determine the suitability of the applicant for a volunteer position or employed or contract position, with SCWW. We work closely with older adults that are in the Vulnerable Sector.

****Please return your signed reference form to** Seniors Centre Without Walls, Amberscww@gmail.com. You can also email forms to : seniorswithoutwalls2021@gmail.com [For Information 306.631-4357](http://www.seniorswithoutwalls2021.com)

7. How long have you known the applicant? _____

8. What is your relationship/how do you know the applicant? _____

9. Please fill in the blank with one of these words: Excellent, Good, Fair, Poor

The applicant’s:

Honour/Integrity is: _____

Dependability is: _____

Trustworthiness: _____

Respectfulness/compassion towards older adults: _____

10. Would you feel trust and feel comfortable if the applicant was to be alone on a one-on-one basis with a vulnerable person or older adult, for whom you are responsible? Or alone with your older friend or family member? Yes No

11. Have you any reason to believe the applicant may be abusive verbally, physically, or sexually with older adults or children? Yes No

12. Would you recommend this applicant as a volunteer that will have direct and indirect contact with older adults? Yes No

If you answered “no” to any of the above questions, please explain why:

Please add any other comments you have on the back of the form if needed.

Your name: _____ Phone number: _____

Address: _____

Postal Code: _____ Email: _____

Date: _____ Signature: _____

REQUEST TO WAIVE FEES (give to your police station)
CRIMINAL RECORD AND VULNERABLE SECTOR CHECK

Date: _____

_____ has applied for a volunteer position with the Seniors Centre Without Walls Saskatchewan Inc., where they may have access to confidential information about vulnerable clients.

According to the policy of our non profit, all applicants must undergo a vulnerable sector and criminal record check.

As a non-profit organization, we would ask that you waive the fee for this service. If you have any questions please contact the program manager, listed below.

Thank you for your support.