



PARTNERS AT WORK APPLICATION FORM

The information given in this application is confidential and for the use of the OSCC 55+ only. Volunteers of all ages are welcome, a membership card is not required to volunteer at OSCC 55+. Thank you for choosing the OSCC 55+ for your volunteer request. Please complete this form and drop it off at one of the OSCC 55+ Branches.

How can we send you more info and steps to become a volunteer?		<input type="checkbox"/> BY MAIL <input type="checkbox"/> E-MAIL
Title (Mr, Miss, Mrs, Ms.):	FOR CITY OF OSHAWA INSURANCE COVERAGE	
First Name:	Last Name:	
Address:		Apartment #:
City:	Postal Code:	Phone:
Cell #:	Email Address:	
Birth Date: MM DD YY	Speak/ Write: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
Why do you want to volunteer?	<input type="checkbox"/> 40 hr Requirement <input type="checkbox"/> Sharing Skills <input type="checkbox"/> Work Experience <input type="checkbox"/> Co-op <input type="checkbox"/> Recently Retired <input type="checkbox"/> Help Others <input type="checkbox"/> Meet New People <input type="checkbox"/> Other	
How did you learn about OSCC 55+ Volunteers?	<input type="checkbox"/> Program Guide <input type="checkbox"/> Poster/Flyer <input type="checkbox"/> Doctor <input type="checkbox"/> Staff <input type="checkbox"/> Family Friend <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper	
Where do you prefer to volunteer?	<input type="checkbox"/> John St. Branch <input type="checkbox"/> Northview Branch <input type="checkbox"/> Faith Place <input type="checkbox"/> Delpark Homes Branch <input type="checkbox"/> Conant Branch <input type="checkbox"/> No Preference	
What volunteer function area are you interested in learning more about?	<input type="checkbox"/> Administration <input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> Special Events <input type="checkbox"/> Support Services <input type="checkbox"/> Committees <input type="checkbox"/> Community Relations	
Tell us about you: Related skills, Training, Certificates, Hobbies, Spare time activities.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Do you have any limitations? (i.e. Cannot stand for long.)	<hr/> <hr/> <hr/> <hr/>	
Have you volunteered/ worked before? (organization/position)	<hr/> <hr/> <hr/>	

Emergency Contact Information

Name: _____

Phone Number: _(____)_____

Relationship: _____

Statement of Understanding

I understand that I must attend a volunteer orientation and abide by the OSCC 55+ Volunteer Policies and Procedures. I understand OSCC 55+ requires me to provide character references and obtain and submit a police reference check before I begin my volunteer placement.

Confidentiality

I promise to hold in confidence all information pertaining to clients that may come to my attention in the line of duty with the Oshawa Senior Community Centres 55+. I will respect the privacy of those whom I serve and confer with the person to whom I report or my supervisor in matters relating to the well being of the Centre’s clients. I will use any client information gained in the course of my service with the Oshawa Senior Community Centres 55+ in a responsible manner.

Fire Safety

I have read the contents of the Fire Safety Plan and understand the information they contain. I accept responsibility to follow the guidelines for fire safety and to maintain my knowledge and ability to carry out the described procedures in event of a fire.

Canada’s Anti-Spam Legislation

I give consent to receive emails from OSCC 55+ electronic communications. Your e-mail address will not be distributed to any third parties unless it is necessary for OSCC to do so to comply with the law. Under the CRTC anti-spam legislation guidelines you can “unsubscribe” from the distribution list by replying with the word “UNSUBSCRIBE” in the email subject line.

Signed: _____

Date: _____

OFFICE USE ONLY

Interview Date:	Time	Location	Interviewed By
Volunteer Role	Staff Partner	Referral Date	