



## **VOLUNTEER APPLICATION FORM**

Complete this form, then return it to the location you are interested in volunteering at.

I am interested in volunteering at:

Homes for Seniors - check location(s):

- Elgin Manor    Terrace Lodge    Bobier Villa

Community and Cultural Services - check location(s):

Branch Library:

- |                                     |                                       |                                       |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Aylmer     | <input type="checkbox"/> Bayham       | <input type="checkbox"/> Belmont      |
| <input type="checkbox"/> Dutton     | <input type="checkbox"/> Port Burwell | <input type="checkbox"/> Port Stanley |
| <input type="checkbox"/> Shedden    | <input type="checkbox"/> Springfield  | <input type="checkbox"/> Rodney       |
| <input type="checkbox"/> West Lorne | <input type="checkbox"/> Main Office  |                                       |

- Museum    Archives

Other - please specify: \_\_\_\_\_

Please complete the following:

Name:
Address:
City:
Province:
Postal Code:
Phone Number:
Best time to contact you at the above number:
Emergency contact name:
Relationship to the emergency contact:
Emergency contact phone number:

Why are you interested in a volunteer opportunity with the County of Elgin?

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What specific volunteer activities are you most interested in assisting with?

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What date are you available to begin volunteer shifts?

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When are you available for volunteer hours?

**Morning                      Afternoon                      Evening**

<b>DAY</b>	<b>HOURS (please be specific)</b>
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

Have you been a volunteer before?       Yes       No

If yes, where and what types of activities did you perform?

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Are you willing to submit a completed criminal background check to the County of Elgin in regards to your application to become a volunteer?       Yes       No

## WAIVER FOR VOLUNTEER EMPLOYEES

I, \_\_\_\_\_ acknowledge that I am 13 years of age or older and will provide services to the \_\_\_\_\_ on a volunteer basis wherein I will occupy the position of Volunteer Helper and perform the following duties:

\_\_\_\_\_  
\_\_\_\_\_

and report to the position of \_\_\_\_\_.

I understand that in performing the above stated duties I will not perform in any supervisory capacity or operate any machinery or equipment for which I have not been trained to do.

I understand the foregoing services will be rendered without payment for same, nor will I be entitled to any benefits normally provided by the County of Elgin. I will be responsible for my own health insurance.

I am aware that during my participation in these volunteer activities, certain risks and hazards may arise, including hazards or dangers, which result from human error and negligence on the part of the other persons employed or providing services to the County of Elgin. I agree that I am voluntarily participating in these activities with knowledge of the dangers and hazards in these activities and agree that I freely and voluntarily assume any and all risks of injury, illness and death.

I agree to release and discharge the County of Elgin, including all past and present directors, officers, agents, representatives, employees and insurers, from and against all claims, demands, actions and proceedings, in respect of any damages or injuries sustained by myself arising by reason of my provision of these services. I agree that the foregoing waiver and release shall be binding upon me personally, as well as, my heirs, next of kin, executors, administrators and assigns.

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY PRIOR TO SIGNING IT AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I AM WAIVING CERTAIN LEGAL RIGHTS, WHICH I, OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE COUNTY OF ELGIN.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

To be signed by parent/guardian if the volunteer is under the age of 18 years old.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_

Personal information collected, under the Municipal Freedom of Information & Protection of Privacy Act, 1989 will remain confidential and will be used to determine eligibility for volunteer placement. Questions about collection of personal information should be directed to the Director of Human Resources, 450 Sunset Drive, St. Thomas, ON N5R 5V1, 519-631-1460 ext. 155.

## **DRESS CODE**

- ⌚ Staff must be immaculate in personal cleanliness and hygiene.
- ⌚ Jewelry selected should be appropriate and functional for the work setting. Jewelry will be worn in moderation. No body piercing, other than those in your earlobes will be visible to the public.
- ⌚ Shoes must provide safe and secure footing and offer protection against potential workplace hazards. Shoes must reflect a proper business appearance. Colour and type of shoes (safety toe, etc.) may be determined by department policy.
- ⌚ Hair, including facial hair (i.e. beard), is to be kept clean and groomed.
- ⌚ Fingernails are to be kept to a functional and professional length.
- ⌚ For the comfort of all guests and co-workers, use of perfume, colognes or other obvious fragrances should be kept to a minimum while in the workplace.
- ⌚ Applicants should report with appropriate dress for the position as determined by the Department Manager/Supervisor.
- ⌚ The County of Elgin's complete dress code policy can be obtained in the Human Resources Policy Manual, Policy number 2.20.