

SENIORS CENTRE WITHOUT WALLS SASKATCHEWAN INC.**Staff and Volunteer Application**

Name of Volunteer/Employee: _____

Address and postal code: _____

Cell telephone: _____

Home telephone: _____

Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone number: _____ 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 **three** separate character references – **Not family**.
 - b. Each reference must know the applicant for a minimum of **5 years**.
 - c. No references can be related to the applicant.
 - d. Return all references forms in PDF file format or in printed mail format to Canada Post.
2. Criminal Record Check.
 - a. A clear within six months of todays date, **Vulnerable Sector Record** check is needed from the RCMP or the City Police depending upon where you live.
 - b. You will need to present them with a letter from us to receive a vulnerable check. Any fees will be reimbursed to you when you give us your receipt.
3. Return all forms to SCWW office:
 - a. Seniors Centre Without Walls, 1235 Unit 102 Main Street North Town n Country Mall Moose Jaw, SASK. S6H 1M6
 - b. You can also email forms to: rondascap@gmail.com
 - c. For Information phone: 306. 690-3557 – no text messages

As a (circle) 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 dole 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;
- 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.

What is your experience with senior citizens?

Why do you want to volunteer or work here?

Activity You may be interested in doing: (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 drop offs/Errands | <input type="checkbox"/> Gardening | <input type="checkbox"/> Companion |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Snow Shovel | <input type="checkbox"/> Appointment escort |
| <input type="checkbox"/> Office Adm | <input type="checkbox"/> Grass Cutting | <input type="checkbox"/> Meal Prep |
| | <input type="checkbox"/> Handyman | <input type="checkbox"/> Other_____ |

Relevant Experience with the Above Activities: _____

References:

List three adults over 18 years that are **not related to you**, and who have known you more than **five** 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.

1. Reference One Name: _____
 Address: _____
 Phone: _____ Email _____
2. Reference Two Name: _____
 Address: _____
 Phone: _____ Email _____
3. Reference Three Name: _____
 Address: _____
 Phone: _____ Email _____

I (your name) _____ acknowledge:

- That misrepresentation of omission of facts requested is cause for non-appointment or suspension. For so long as I maintain your application and/or volunteer or employment 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 or employment 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 or employee.
- That if SCWW accepts my application I will be required to complete a volunteer or employment agreement form before I start.

DATE: the ____ day of _____, 20____

PRINT NAME: _____

SIGNATURE: _____

*Please give each reference the following form to fill out.

Have your reference return it us by Canada Post mail or email it to our office in a PDF saved format to

Rondascap@gmail.com

Seniors Centre Without Walls Saskatchewan Inc. Reference Person ONE

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 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, 1235 Unit 102 Main Street North Town n Country Mall S6H 1M6 or you can email PDF SAVED forms to: Rondascap@gmail.com For Information phone Ronda: 306. 690-3557**

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, prefer not to answer
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, child, or older adult, for whom you are responsible? 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. Have you any reason to believe the applicant may take financial advantage, or commit fraud or theft of an old adult? Yes No
7. Would you recommend this applicant as a volunteer or employee, that will have direct and indirect contact with older adults and/or youth/children? Yes No

If you would not recommend this applicant as a volunteer or employee please explain why:

Your Name: _____ Phone number: _____

Address and Postal code: _____

Email _____

Date: _____ Signature: _____

Seniors Centre Without Walls Saskatchewan Inc. Reference Person Two

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 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, 1235 Unit 102 Main Street North Town n Country Mall S6H 1M6 or you can email PDF SAVED forms to: Rondascap@gmail.com For Information phone Ronda: 306. 690-3557**

How long have you known the applicant? _____

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

Please fill in the blank with one of these words: Excellent, Good, Fair, Poor, prefer not to answer
The applicant's:

Honour/Integrity is: _____

Dependability is: _____

Trustworthiness: _____

Respectfulness/compassion towards older adults: _____

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

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

Have you any reason to believe the applicant may take financial advantage, or commit fraud or theft of an old adult? Yes No

Would you recommend this applicant as a volunteer or employee, that will have direct and indirect contact with older adults and/or youth/children? Yes No

If you would not recommend this applicant as a volunteer or employee please explain why:

Your Name: _____ Phone number: _____

Address and Postal code: _____

Email _____

Date: _____ Signature: _____

Seniors Centre Without Walls Saskatchewan Inc. Reference Person Three

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 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, 1235 Unit 102 Main Street North Town n Country Mall S6H 1M6 or you can email PDF SAVED forms to: Rondascap@gmail.com For Information phone Ronda: 306. 690-3557**

How long have you known the applicant? _____

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

Please fill in the blank with one of these words: Excellent, Good, Fair, Poor, prefer not to answer
The applicant's:

Honour/Integrity is: _____

Dependability is: _____

Trustworthiness: _____

Respectfulness/compassion towards older adults: _____

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

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

Have you any reason to believe the applicant may take financial advantage, or commit fraud or theft of an old adult? Yes No

Would you recommend this applicant as a volunteer or employee, that will have direct and indirect contact with older adults and/or youth/children? Yes No

If you would not recommend this applicant as a volunteer or employee please explain why:

Your Name: _____ Phone number: _____

Address and Postal code: _____

Email _____

Date: _____ Signature: _____