

Policy & Procedure Manual

**VOLUNTEER ENROLMENT/SCREENING/
PLACEMENT - HR-VII-1**

POLICY:

All individuals who are interested in volunteering at OPTIONS NORTHWEST must complete a Volunteer Application form.

All prospective volunteers will be interviewed and screened for a possible volunteer opportunity and individual volunteer records will be maintained.

PURPOSE:

1. To ensure the provision of a quality volunteer service for participants, volunteers and agency.
2. To ensure compliance with all relevant legislation.

PROCEDURE:

1. Individuals interested in performing volunteer work with OPTIONS must complete a "Volunteer Enrolment Application" form. (see Appendix A)
2. The Coordinator, Health & Safety will receive and review the Volunteer Application form and conduct an interview (Appendix B) to ensure an appropriate agency volunteer match. References will be checked (Appendix C).
3. The individual will be advised of conditional acceptance or denial at this stage, and if conditional acceptance, to advise that a Police Record Check must be obtained and submitted. (See Policy #HR-VII-2, Police Record Checks).
4. Based on the acceptability of the Police Record Check, the individual will either be advised of final acceptance, further discussion required or denial. The Director, Human Resources will be made aware of any application indicating a record of offences.

Note: Interviews for potential volunteers with positive Criminal Reference Checks will be conducted with the Director, Human Resources and/or Executive Director and a final determination made.

5. The Coordinator, Health & Safety will then explore volunteer opportunities with Supervisors/Managers/Directors and establish any required orientation/training as per the Supervisor.
6. The Coordinator will then set up a time to meet with the volunteer and other staff as required to complete the orientation.

RECOMMENDED BY: Human Resource Director

APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Administration, Human Resources, Community Services (all)

ORIGINAL POLICY DATE: November 2005

AUTHORIZED BY: Executive Director

SIGNATURE:



VOLUNTEER APPLICATION

NAME: _____

SURNAME

GIVEN NAME AND INITIALS

ADDRESS: _____ POSTAL CODE: _____

PHONE #: _____ HOME: _____ BUSINESS: _____

ARE YOU OVER THE AGE OF 15 _____

EDUCATION (PLEASE USE A ✓)

HIGH SCHOOL ☐ UNIVERSITY ☐ COLLEGE ☐ BUSINESS/TRADE/TECHNICAL ☐

LICENCE/DIPLOMA/CERTIFICATE/DEGREE RECEIVED _____

EMPLOYMENT EXPERIENCE

VOLUNTEER EXPERIENCE

SPECIAL SKILLS/INTERESTS/TRAINING/CERTIFICATES

SECOND LANGUAGE NO ☐ YES ☐ TYPE: _____

SPOKEN: _____ READ: _____ WRITE: _____

WHAT TYPE OF VOLUNTEER WORK INTERESTS YOU?

TIME AVAILABLE

	MON	TUE	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

I am / am not flexible on times and days (circle one)

REGULAR WEEKLY INVOLVEMENT

YES

NO

HOW DID YOU LEARN ABOUT OPTIONS northwest? _____

If under the age of 18

I the undersigned do hereby consent to my son or daughter working as a volunteer at OPTIONS northwest

Signature

Witness

Relationship to Applicant

Date

ADDITIONAL INFORMATION

REFERENCES: (Two People who could speak on your behalf)

NAME: _____ TELEPHONE: _____

ADDRESS: _____ POSTAL CODE: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ POSTAL CODE: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize OPTIONS northwest to contact the above references.

APPLICANT'S SIGNATURE

DATE

It is the policy of OPTIONS northwest that all volunteers and students must have a tuberculin skin test (Mantoux) and/or chest x-ray if you are known to be positive. A general health review will be conducted on your commencement of volunteer work. Further it is the policy of OPTIONS northwest that all potential volunteers submit to a criminal reference check prior to commencement of volunteer work.

If accepted as a volunteer, I agree to submit to the above. _____

Applicant's Signature

Date

PERSON TO NOTIFY IN CASE OF ACCIDENT OR EMERGENCY

NAME: _____ TELEPHONE: _____

ADDRESS: _____ POSTAL CODE: _____

OFFICE USE ONLY

VOLUNTEER PLACEMENT: _____ PLACEMENT DATE: _____

PLACEMENT COMMENCE DATE: _____ TERMINATION DATE: _____

REASON FOR TERMINATION: _____

OPTIONS NORTHWEST
Volunteer Interview

DATE: _____

NAME OF APPLICANT: _____

NAME OF INTERVIEWER: _____

1. Explore reasons for wanting to volunteer at OPTIONS. What does the individual hope to gain (i.e.: to gain experience, participate in community, what are they looking to do)

2. Length of time to keep up volunteering (commitment)

3. Review background from application and discuss further as required.

4. Review agency philosophy, mission, expectations, departments

5. Questions from candidate.

over....

6. Additional Comments:.

Recommendation regarding acceptance: _____

Do the goals and commitment of the potential volunteer match with the agency and its goals?

Comments:.

Signature of Health & Safety Coordinator/Designate

Start Date: _____

Date of Health Interview: _____



Volunteer Reference Request

Confidential – Reference Form

References must have known the applicant for one year and cannot be family members

Applicant Name: _____ Date: _____

The above person has expressed an interest in volunteering at OPTIONS NORTHWEST and has given your name as a reference. Our organization provides support services to people with developmental disabilities and dual diagnoses. Your evaluation is very important and will be given serious consideration when we are screening applicants. If you are able to complete this reference, all the information contained on the form will remain completely confidential and will only be shared with Human Resource staff and Management if, and when, required. We would appreciate you being extremely candid in your evaluation of this person.

1. How long have you known this person? _____ In what capacity? _____

2. What are the applicant's best qualities, characteristics, and/or strengths?

3. Is there any type of volunteer work you feel this candidate would not be suited to, why?

4. Do you have any concerns with the applicant working with vulnerable adults?

☐ Yes ☐ No ☐ Unsure

Competency/Work Ethic	Rating (1-5)	Comments
Commitment		
Dependability/Punctuality		
Communication Skills		
Leadership qualities		
Positive personality/attitude		
Organizational skills		
Ability to follow direction		
Adaptability		
Teamwork		
Ability to accept responsibility		

1 - Poor 2 - Limited 3 - Acceptable 4 - Good 5 - Superior

If you have any other information you would like to provide about the applicant, please do so on the following lines:

Reference Information

Name: _____ Relationship to Applicant: _____

Daytime Phone: _____ Email: _____

Signature: _____ Date: _____

Thank you for your assistance. Please place completed form in a sealed envelope and return to applicant or address below.

OPTIONS NORTHWEST
95 N Cumberland Street
Thunder Bay, ON P7A 4M1

Phone: (807) 344 4994
Fax: (807) 346 5811
Emails: hr@optionsnorthwest.com

For more information about OPTIONS NORTHWEST, please visit optionsnorthwest.com

To be completed by OPTIONS NORTHWEST HR Department:

If Reference Check is done over the phone:

Completed By: _____ Date: _____