

Please complete this application form if you are interested in becoming a Turning Leaf Community Support Services (Inc.) (TLCSS) volunteer. Once you complete the form, click the submit button at the bottom.

NOTES:

(1) By providing us your email you give consent to receive electronic communications from Turning Leaf Community Support Services (Inc.) (TLCSS)

(2) The seven-digit number you put into the cell phone section (or home section, if you do not have a cell phone) MAY be used in the future for login purposes. Please remember it because you MAY need to use this number to sign in.

Contact Information

Please enter your full name and complete mailing address.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Okay to call me here

Work Phone: _____ Okay to call me here

Cell Phone: _____ Okay to call me here

Email address: _____

Relationship to Turning Leaf: _____

Personal Information

Please help us learn more about you. We would like to know if you are needing volunteer hours for academic credit or just because you want to be part of our community.

Demographic Information

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers.

Date of Birth: _____ Gender: _____

Education: _____

Skills and Experience

Please indicate any applicable skills.

Skills:

- | | | | |
|------------------------------|-------------------|-------------------------------|--------------------|
| Administrative _____ | Canvassing _____ | Computer Skills _____ | Phone Calls _____ |
| Data Entry _____ | Fundraising _____ | Marketing & Advertising _____ | Social Media _____ |
| Mentoring and Coaching _____ | Organizing _____ | Outreach _____ | |

Reference

Employer Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Okay to call here

Work Phone: _____ Okay to call here

Cell Phone: _____ Okay to call here

Email address: _____

Relationship to Reference: _____

Volunteer Experience (or Employment Experience)

Please list your current or most recent volunteer experience, if applicable. (If no previous volunteer experience, please list your current or most recent employment experience.) You may also choose to write student, or retired if applicable.

Availability

Please indicate what areas you are interested in volunteering in, as well as your availability. Your availability helps us to assess your suitability for future roles and opportunities that may be of interest to you. However, having a regular availability is not a requirement for volunteering at Turning Leaf Community Support Services (Inc.) (TLCSS)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (Time):	_____	_____	_____	_____	_____	_____	_____
To (Time):	_____	_____	_____	_____	_____	_____	_____

Emergency Contact

In the event of an emergency, whom should we notify?

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Okay to call here

Work Phone: _____ Okay to call here

Cell Phone: _____ Okay to call here

Email address: _____

Relationship to Emergency Contact: _____

Additional Information

Are there any considerations you wish to be taken into consideration when determining a volunteer placement (i.e. mobility issues, back problems, allergies etc.)? If so, you may list them below along with accommodation requests.

Volunteer Information Center

We provide an online "Volunteer Information Center" where volunteers may check their schedules, update their information, and receive messages. Please select the password you would like to use to access the online Volunteer Information Center.

Please enter a password that:

- Is between 8 and 30 characters long
- Contains both letters and numbers
- Contains a combination of both uppercase and lower case letters
- Contains at least one character that is not a letter or number, such as !#\$%& or ?

Password: _____

Confirm Password: _____

How Did You Hear About Us?

Confidentiality Agreement

Turning Leaf Community Support Services (Inc.) (TLCSS)

Volunteers, Employees, Contractors and Board Members of Turning Leaf Community Support Services Inc. are expected to keep confidential all information relating to the Agency and to participants of the Agency. All parties are also subject to any applicable laws and to any further policies of the Agency.

If any volunteer is unsure about whether certain information should be kept confidential, he or she should seek the direction of the Volunteer and Training Manager or Director of Human Resources.

All information pertaining to participant related affairs, agency activity and intellectual property that may breach the confidentiality of a participant's involvement with the Agency or cause undue hardship to the organization is considered confidential. Should information be requested regarding a participant, all enquires shall be directed to the volunteer's direct report. Names and/ or identifying information will not be released in any circumstances unless the information is required by law to disclose.

In any cases where a volunteer is responsible for or is included in a discussion, where information pertaining to employees' personal/employment information, organizational finances which include but are not limited to:

organizational budgets, employee wages, participant per diems, accounts receivable/payables and/or liabilities etc. that volunteer is expected to demonstrate the highest level of confidentiality, which means that the information that the volunteer is privy to, or became aware of, is to only be discussed with employees with the highest level of authorization.

The violation of the requirements of confidentiality under this or any other policy of the Agency will result in termination with just cause and without notice. If warranted, civil action will be pursued in a breach of confidentiality.

I Agree _____

I hereby consent to still photographs, slides, video (hereinafter referred to as “pictures”) taken of me during my time as a volunteer for use in promotion, media and information regarding Turning Leaf Community Support Services (Inc.)

I fully understand that the pictures taken of me may not appear in whole or in part in films, slide presentations, videotapes, publications, exhibitions, audio excerpts, website or whatever, including promotion, instruction or information related to Turning Leaf Community Support Services (Inc.) and that they may be modified or destroyed. I fully understand that the pictures may be used in perpetuity and globally in any media format now known or yet to be created.

I agree that Turning Leaf Community Support Services (Inc.) shall be the sole owner of all rights to the pictures and that I shall receive no financial compensation for use thereof.

I understand that “Permission to Use” the said pictures may be revoked by me in writing at any time.

I hereby certify that I am over eighteen years of age, and competent to contract in my own name in so far as the above is concerned.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____

Do you give us permission to send you our regular Newsletter: YES NO

How To Submit Your Application:

Email to: volunteer@turningleafservices.com

or mail your completed registration to:

Attn: Alana Chegus
Turning Leaf Community Support Services
2nd Floor - 2585 Portage Avenue
Winnipeg MB R3J 0P5