



102 - 66 Moore Ave, Winnipeg, Manitoba, R2M2C4

Volunteer Application Form

Date: _____

Last Name _____ First Name: _____

Middle Initial _____ Preferred Name: _____

Address: _____ Apt. No. _____ City/ Town _____

Province: _____ Postal Code: _____ E-mail: _____

Phone: _____ Cell: _____

I prefer to receive call at home: Cell: Best time to call _____

Are you between the ages 14-17 of age? Yes No

Are you over the age of 18? Yes No

Education: Formal Education is not required to volunteer.

Are you currently a student?

If you are a student please complete this section:

Name of school _____

Grade level/ Year of study _____

Employment History:

I am currently Employed Unemployed Retired other Student

Company/Employer	Your job title	From (M/Y)	To (M/Y)

Volunteer Work:

Please list organizations that you are currently volunteering with or have volunteered with in the past. Include community clubs, schools, sporting organizations, not for profit organizations etc.

Agency	From (M/Y)	To (M/Y)

Availability Please check the times you will be available to volunteer

	Mon	Tues	Wed	Thurs	Fri
Morning 9:00-11:00					
Afternoon 12:00-2:00					

Are you interested in volunteering for special projects or events? Yes No

Are there specific areas of our program you are interested in volunteering in?

Please list your emergency contact information below:

Name: _____

Phone: _____

Work: _____

Cell: _____

Release Form

I hereby grant Com-Span Inc. permission to use:

_____ 'S
(Please print name clearly)

In forms of media (this may include Photo ID, print, Newspaper, Com-Span's website, photographs for safety, educational, promotional and recognition purposes of Com-Span programs and services.

Signature of Participant

Print name of participant

I represent that I am a parent/ guardian/ decision maker for the participant and agree to the above release form

Name of parent/ guardian

Signature of parent/ guardian

*Please note it is not necessary to agree to the above release form to volunteer with our agency

Children under the age of 18 must have consent from their parent or guardian.

I, _____ (printed name of parent/ guardian), give
Permission for _____ (name of volunteer) to volunteer at
Com-Span Inc. I have read and understand the volunteer form.

Signature of Parent/ Guardian: _____ Date: _____

Com-Span Inc.

Code of Confidentiality

Please read and consider this Code of Confidentiality. As an employee of Com-Span Inc, it is necessary that you understand and comply with the code stated below.

OATH

I, _____ will respect the rights of the program participants of Com-Span Inc. to total privacy concerning the details of their lives. I will not divulge to any person their names, addresses, backgrounds, family relationships, problems, individualized programs, or any other confidential information acquired as a result of my employment with Com-Span Inc. As an employee, I must limited my discussion to the specific duties and responsibilities outlined in my job description. I understand that my confidentiality continues even if I cease to be an employee of Com-Span.

I will not, without due authority disclose or make know any confidential matter which comes to my knowledge by reason of my employment with Com-Span Inc.

As an employee, I will safeguard Com-Span's right to a positive and favorable reputation in the community. I will be a responsible member of the agency and a positive force in the community. If I have problems with my commitment, I will look first to the agency for support and resolution. In this way my advocacy will be thoughtful, accurate and positive.

Employees Signature

Date

Witness

Position of the Witness