



331 Second Street West,  
Cornwall, Ontario, K6J 1G8

# VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: M\_\_\_\_\_/D\_\_\_\_\_/Y\_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELLULAR: \_\_\_\_\_ (OPTIONAL) EMAIL ADDRESS: \_\_\_\_\_ (OPTIONAL)

EDUCATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ LENGTH OF TIME AT JOB: \_\_\_\_\_

PREVIOUS EMPLOYEMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ LENGTH OF TIME AT JOB: \_\_\_\_\_

PLEASE LIST ANY OTHER VOLUNTEER EXPERIENCE YOU HAVE HAD

ORGANIZATION	VOLUNTEER POSITION	HOW LONG AS A VOLUNTEER?	SUPERVISOR/PHONE NUMBER

1. LIST ANY SPECIAL INTERESTS, HOBBIES, CIVIC OR CHURCH GROUP ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_

2. LIST ANY SPECIAL SKILLS (LEGAL, CPR, NOTARY PUBLIC, CHILDREN, ETC): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. LIST ANY LANGUAGES THAT YOU SPEAK: \_\_\_\_\_

4. HOW DID YOU HEAR ABOUT MAISON BALDWIN HOUSE AND THE VOLUNTEER PROGRAM?

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

5. WHY DO YOU WANT TO VOLUNTEER AT MAISON BALDWIN HOUSE? \_\_\_\_\_

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

6. WHAT DO YOU ALREADY KNOW ABOUT MAISON BALDWIN HOUSE? \_\_\_\_\_

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

7. WHAT WOULD MAKE YOU A GOOD VOLUNTEER FOR MAISON BALDWIN HOUSE? \_\_\_\_\_

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

PLEASE CIRCLE THE VOLUNTEER POSITION(S) THAT MOST INTEREST YOU:

CASHIER	SORTER	STOCKER/FLOOR	FLEXIBLE
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VOLUNTEER AVAILABILITY:

DAYS	TIMES

VOLUNTEER COMMITMENT: \_\_\_ DAILY \_\_\_ WEEKLY \_\_\_ BIWEEKLY \_\_\_ MONTHLY \_\_\_ ONE-TIME

IN CASE OF EMERGENCY NOTIFY:

NAME	PHONE NUMBER	RELATIONSHIP
1.		
2.		

ONE PERSONAL & TWO PROFESSIONAL REFERENCES:

NAME	RELATIONSHIP	COMPANY/AGENCY NAME	DAY & EVENING PHONE NUMBER
1.			
2.			
3.			

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by SERENDIPITY.

I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide SERENDIPITY (its authorized

employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer placement decision.

And hereby release any such schools, persons, previous employers, agencies and other organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal for placement.

SERENDIPITY will be requesting you to provide a criminal check. If applying for a transportation position, a Driver's Abstract will be required and renewable every six months.

I also understand, that if selected to volunteer, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

In the event of my selection, I will comply with all the rules and regulations as set forth by SERENDIPITY

I understand that the completion of this form does not guarantee my status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be placed.

I have read the above statements and accept the same as a condition of my placement with SERENDIPITY.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator's Signature

\_\_\_\_\_  
Date

## PHOTO RELEASE

The undersigned hereby grants to Serendipity permission to take or have taken still and moving photographs and films, including television pictures and consents and authorizes Maison Baldwin House, its advertising agencies, news media, and any other persons interested in Maison Baldwin House and its work, to use and reproduce the photographs, films or pictures and to circulate and publicize the same by all means, including but not limited to, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical mailings.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator's Signature

\_\_\_\_\_  
Date

\*Must be a minimum of 18 years of age

## NON-CONSENT FOR PHOTOGRAPHY

The undersigned withholds permission to Serendipity to take or have taken still and moving photographs and films, including television pictures.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator's Signature

\_\_\_\_\_  
Date

\*Must be a minimum of 18 years of age

## VOLUNTEER CONFIDENTIALITY AGREEMENT

All information provided by a client or staff member to any staff member or volunteer is considered to be confidential and is subject to the terms of the Shelter's confidentiality policy. Confidentiality is defined, as the assurance that unwarranted access to information regarding a client, shall be considered a breach of faith. I understand that any violation of this, and shall be considered a breach of Policies and Procedures. I understand that any violation of this policy is grounds for termination of my volunteer relationship with Serendipity/Maison Baldwin House.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator's Signature

\_\_\_\_\_  
Date

\*Must be a minimum of 18 years of age



Date:

To Whom It May Concern:

This is to certify that \_\_\_\_\_ is applying for a volunteer position with Maison Baldwin House.

For the security and safety of the women and children residing within our facility, we request that our volunteers supply us with a vulnerable criminal background check from the Cornwall Community Police Service or the Ontario Provincial Police.

**The volunteer understands that we are requesting a Vulnerable Sector Check which includes the following information: Criminal Convictions, Finding of Guilt under the Youth Criminal Justice Act (YCJA), Absolute Discharges, Conditional Discharges, Outstanding Charges and Warrants for Arrest, Court Orders (excludes Mental Health related orders and Family Court Restraining Orders), Finding of Not Criminally Responsible on account of mental disorder (excludes findings that resulted in an absolute discharge), Record Suspensions (formerly Pardons), Certain Non-Convictions (includes only charges that have been dismissed, withdrawn, or stayed, or resulted in a stay of proceedings or an acquittal).**

**Volunteers are NOT obligated to submit their completed Vulnerable Sector Check back to Maison Baldwin House, but failure to do so will result in an inability to volunteer with the organization.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please do not hesitate to contact me.

Sincerely,

Danielle MacNeil  
Public Educator/Volunteer Coordinator  
Maison Baldwin House  
613-938-3903

