

CARITAS VOLUNTEER REGISTRATION



APPLICATION FORM

PLEASE PRINT AND FILL OUT ALL FIELDS (ANNUAL REGISTRATION IS REQUIRED)
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

GENERAL

Name: _____

Address: _____

City: _____ Postal Code: _____

Tel (1): _____

Tel (2): _____

Email: _____

Occupation: _____

Emergency
Contact: _____

Emergency Contact Tel: _____

Relationship: _____

Education: High school _____ College _____

Other _____

Languages Spoken: _____

Caritas respects your privacy. We do not sell, trade, or exchange any information under any circumstance. The personal information of our supporters is always held safely in the strictest of confidence. In our mission of providing public education and therapeutic community programming, to spread awareness, to raise funds, and to build a strong and conscious family-community-social network, we frequently gather and use personal information. When you make a donation to us, or register as a volunteer or an event participant, we request your contact information (name, address, phone number, email address, etc). We maintain this information in our database of supporters in order to keep you informed about our work. You will also receive our newsletter *Caritas Quarterly* in the mail (free of charge). If you do not want to receive these materials from us, you can call 416-748-9988 or you can email us at help@caritas.ca We regularly review our privacy practices for our various activities, and update our policy. Please check our website www.caritas.ca on an on-going basis for information on our most up-to-date practices.

Thank you for your support!

Special note for Student Volunteers

If you are a student attending high school, please call 416-748-9988 prior to sending in this form.

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BACKGROUND

Have you volunteered for Caritas before? If yes, where and when?

What special skills and life experiences will you bring to Caritas as a volunteer?

Please describe your past and present volunteer experiences:

Have you ever been convicted of a criminal offence for which a pardon has not been granted? _____ (A conviction will not bar you from volunteering)

Are you bondable? _____

Other Remarks:

REFERENCES

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Telephone: _____

Telephone: _____

Occupation: _____

Occupation: _____

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Ours is not a job



It is a Mission!

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AGREEMENT

I understand that my participation is voluntary and is in support of Caritas Project Community Against Drugs.

As a Caritas volunteer, **I will respect the privacy of others** and will hold in confidence all information obtained in the course of my volunteer work at Caritas.

I understand that I may come in contact with private, personal, and confidential information (including but not limited to personal health information, donor and other stakeholder information) in the course of my volunteer work with Caritas. As part of the condition of my work with Caritas, I hereby undertake to keep in strict confidence any information regarding any client, employee, volunteer, donor, or business of Caritas or any other organization that comes to my attention while at Caritas. I agree not to discuss any names or any other characteristics by which a client, employee, volunteer, donor could be identified. I will do this in accordance with Caritas' Privacy Policy and applicable laws. I also agree that I will comply with this after I terminate my working relationship with Caritas Project. (Copies of Caritas Privacy Policy are readily available through www.caritas.ca or at our offices).

I have read and understood Caritas' Privacy Policy.

All Special Event & Telethon Volunteers:

I have no problems with being filmed or being on camera, furthermore, for good and valuable consideration, I agree to release Caritas Project from any claims relating to defamation, rights of privacy or publicity, confidentiality, copyright, or otherwise arising out of my participation and/or utilization of my Contribution in Caritas awareness media including (but not limited to) TV, newsletter, website, slides and videos.

I attest that the information provided on this application is complete and true to the best of my knowledge.

Signature: _____ Date: _____

If you are under 18 you must have consent from parent or guardian to co-sign this form

Parent/Guardian:

Name: _____ Relationship: _____

Signature: _____ Date: _____

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Telephone Volunteers

Please indicate below which shift(s) you will be available to volunteer:

| TELETHON AIR DATE | VOLUNTEER TIME SLOT | Available (✓) |
|---|------------------------|---------------|
| Tuesday, March 30-10 | 9:00 p.m. – 10:30 p.m. | |
| Sunday, April 4-10 | 5:30 p.m. – 7:00 p.m. | |
| Tuesday, April 6-10 | 9:00 p.m. – 10:30 p.m. | |
| Sunday, April 11-10 | 5:30 p.m. – 7:00 p.m. | |
| Tuesday, April 13-10 | 9:00 p.m. – 10:30 p.m. | |
| Sunday, April 18-10 | 5:30 p.m. – 7:00 p.m. | |
| Tuesday, April 20-10 | 9:00 p.m. – 10:30 p.m. | |
| CHIN SPECIAL Sunday, April 25-10 | 11:00 a.m. – 2:30 p.m. | |
| TELETHON GRAND FINALE Sunday, April 25-10 | 5:30 p.m. – 8:00 p.m. | |

I will be able to bring _____ people to assist:

Name: _____ Relation: _____
(i.e. neighbour, friend, family member)

Name: _____ Relation: _____

Name: _____ Relation: _____

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Please refer the volunteers you listed above to our website so they can download our Volunteer Registration form, or have them call us at 416-748-9988.

NAME: _____

VOLUNTEER PAGE – FOR YOUR REFERENCE:

| TELETHON AIR DATE | VOLUNTEER TIME SLOT | Available (✓) |
|---|----------------------------|----------------------|
| Tuesday, March 30-10 | 9:00 p.m. – 10:30 p.m. | |
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LOCATION FOR PHONE VOLUNTEERS:

*1880 ORMONT DRIVE
TORONTO, ONTARIO
M9L 2V4*