



26 Simcoe Street
Cambridge, ON N1R 8P2
Ph: (519) 624-9305 ext. 106
Email: pcorkery@cambridgesheltercorp.ca

CAMBRIDGE SHELTER CORPORATION VOLUNTEER INFORMATION

“Our mission is to provide safe shelter, and to offer programs and services in support of the hopes and needs of people dealing with life issues.”

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE _____

PHONE Home: _____ OK to call _____

Cell: _____ OK to call _____

EMAIL: _____ OK to email _____

VOLUNTEER OPPORTUNITIES (check all that interest you)

- Bridges - Breakfast/Lunch/Dinner Volunteer
- Bridges - Community Breakfast Volunteer (Thurs morning)
- Fundraising or Event Committee volunteer
- Other Event/Activity

HELP US GET TO KNOW YOU:

I am a student at: _____

Currently studying: _____

Occupation/Employer _____

Other interests and hobbies: _____

Do you speak another language other than English?

Please list: _____

Would you be willing to interpret for us if needed? _____

Bridges is open each night of the week all year round for dinner. Breakfast is served every day of the week. We serve lunch two days a week on Thursday and Saturday. When are you most interested to volunteer?

- Monday**
- Tuesday**
- Wednesday**
- Thursday**
- Friday**
- Saturday**
- Sunday**

Which shift? Please Circle

- 6:30 am – 8:00 am (Breakfast)**
- 10:00 am – 1 pm (Lunch)**
- 4:00 pm – 8:00 pm. (Kitchen)**

TIME COMMITMENT: (How often/how many hours would you like to volunteer?)

- Once a week (typical for breakfast shifts)**
- Once every two weeks (typical for dinner and lunch shifts)**
- Other – please specify _____**

PERSONAL INFORMATION:

EMERGENCY CONTACT: _____

PHONE: _____

Confidentiality Statement

“I will respect the dignity and privacy of any client, employee or volunteer of Cambridge Shelter Corporation and will neither judge nor preach. I understand the need to treat any information obtained with strict confidentiality.”

SIGNED _____ **DATE** _____

VOLUNTEER CODE OF CONDUCT

Our mission is to provide safe shelter, and to offer programs and services in support of the hopes and needs of people dealing with life issues.

Volunteers at the Cambridge Shelter Corporation share a responsibility to make certain that the organization does the best work possible in pursuit of its goals and mission. Volunteers can ensure this by observing the following code of conduct.

- Volunteers agree to conduct themselves in a manner consistent with their position as a positive ambassador and representative of Cambridge Shelter Corporation.
- Volunteers will work in good faith with staff and other volunteers as partners towards achievement of CSC's goals and mission.
- Volunteers agree to respect the privacy and dignity of all clients, employees and other volunteers.
- Volunteers will keep any and all information obtained confidential.
- Any information obtained that causes concern to the volunteer regarding the safety and well-being of themselves or others, should be shared with the Executive Director or the Volunteer Coordinator.
- Volunteers will not share any personal information with clients or enter into any kind of personal relationship with them. Clients are at the shelter because of serious issues in their lives and it is inappropriate for volunteers to go beyond the duties of their voluntary position.
- Volunteers are asked to discuss problems, issues or concerns with the designated agency contact person or their immediate shift supervisor.
- Volunteers will not act as media spokespersons for Cambridge Shelter Corporation, but will defer media questions to the Executive Director or the Board Chairperson.
- Volunteers can expect to be treated with dignity and respect by clients, by other volunteers and employees of Cambridge Shelter Corporation.

Date

Signature of Volunteer

CAMBRIDGE SHELTER CORPORATION

CONFIDENTIALITY STATEMENT

Our mission is to provide safe shelter, and to offer support and encouragement for the individual hopes and needs of people dealing with life issues.

“I will respect the dignity and privacy of any client, employee or volunteer of Cambridge Shelter Corporation and will neither judge nor preach. I understand the need to treat any information obtained with strict confidentiality.”

Information contained in client, employee and volunteer records for Cambridge Shelter Corporation must be maintained in a confidential manner at all times. As a volunteer or an employee of Cambridge Shelter Corporation, you are required to maintain confidentiality. However, information obtained that causes concern to the volunteer or employee regarding the safety and well-being of themselves or others, should be shared with the Volunteer Shift Supervisor, Program Manager, Volunteer Coordinator, Executive Director or their volunteer shift supervisor.

The unauthorized access to, modification, deletion or disclosure of information may compromise the integrity of Cambridge Shelter Corporation or otherwise violate individual rights of privacy. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited and is contrary to the Privacy Act.

Date

Signature of Volunteer

Witness

CAMBRIDGE SHELTER CORP
VOLUNTEER APPLICANT REFERENCE QUESTIONNAIRE

Instructions: Please give this form to the person who is providing a reference for you. Once it is filled out, it can be emailed to pcorkery@cambridgesheltercorp.ca Applicant can also email it or drop it off to the Volunteer Coordinator at Cambridge Shelter Corp.

Name of Applicant: _____

Name of Reference: _____

Relationship to the Applicant: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Email Address: _____

Cambridge Shelter Corp. – Volunteer Resources would appreciate your assistance in providing us with a written reference for the above applicant. Thank you for your time and input.

1. How long have you known the applicant and describe your relationship with him/her?

2. What do you consider to be the applicants' strengths?

3. Do you know of any challenges the applicant has that may impact their ability to be successful as a volunteer?

4. The applicant is seeking to volunteer at an agency where there are vulnerable and disadvantaged people. Would you recommend that the applicant volunteer in this type of setting? Yes _____ No _____
If **No**, please explain why.

5. Please evaluate the applicant in the following areas: (5=excellent and 1=poor)

a.	Reliability	5	4	3	2	1
b.	Works well with supervision	5	4	3	2	1
c.	Interpersonal Skills	5	4	3	2	1
d.	Works well in a team setting	5	4	3	2	1

I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause for the dismissal of the applicant from their Volunteer role at Cambridge Shelter Corp.

Signature _____

Date _____

OFFICE USE ONLY

Checked by: _____

Date checked: _____



Volunteer Health and Safety Protocol Form

(Volunteers must be 16 years of age or older)

During an emergency it is expected that every assignment carries with it a certain degree of exposure to risk. Volunteers assisting with the delivery of community support services can reduce the likelihood that they will sustain any bodily injury, including sickness or property damage, by following the instructions and training provided by their volunteer or staff supervisor during operational briefings, debriefing, and during the course of their assignments.

Personal responsibilities of all volunteers require that they follow all of the written guidelines and boundaries indicated in their position descriptions. In addition, volunteers can minimize the associated risks by ensuring that they manage their assignment related stress through a combination of rest, exercise, proper diet, and when appropriate seeking the support of their co-workers and health care professionals.

Throughout the duration of the volunteer assignment, volunteers may be exposed to (at varying degrees) but not limited to the following hazards:

1. Physical Hazards (e.g. heat, cold, noise)
2. Chemical Hazards (e.g. cleaning agents)
3. Psychosocial Hazards (e.g. difficult clients)
4. Ergonomic Hazards (e.g. force, posture, repetition)
5. Biological Hazards (e.g. communicable illnesses, COVID -19)

I _____ (please print name) have discussed these risks with my family and the personnel responsible for the recruitment and pre-deployment briefing. As part of this assignment I accept the related risks and agree to take all reasonable precautions to manage these risks in order to avoid personal injury, property damage or harm and recognize that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity. I agree to waive all claims, hold harmless and indemnify the Party, from any and all liability for any property damage or personal injury of any kind in connection with my participation.

A "Party" for the purposes of this form shall mean Cambridge Shelter Corporation.

By checking this box, I agree to the statements, obligations and terms noted above.

Signature

Date