

Volunteer Application Package



Welcome volunteers,

The City of St. John's would like to welcome you and thank you for your interest in volunteering with us. Included in your Volunteer Application Package you will find the following documents:

1. **Code of Conduct Application** – This application should be brought to the Royal Newfoundland Constabulary Headquarters. It will take up to 10 business days for this to be processed and you will be required to show a picture ID upon pick up.
2. **Vulnerable Sector Check Application** – This form should be submitted with your Code of Conduct to the Royal Newfoundland Constabulary Headquarters as well.
3. **Wavier Letter** – Present this letter at the Royal Newfoundland Constabulary Headquarters and there will be no fee for your code of conduct application. Without presenting this letter there will be a \$20.00 fee.
4. **Volunteer Application Form.**

It is important that all documents are completed as soon as possible as these documents must be on file before you can begin your volunteer experience with us.

Completed Application Forms can be submitted through one of the following options:

- Drop off in person at the Paul Reynolds Community Centre front desk
- Email volunteer@stjohns.ca
- Fax (709) 576-8146
- Mail to: Volunteer Services
Recreation Division
City of St. John's
P.O. Box 908
St. John's, NL A1C 5M2

Your application will then be processed, and you will be contacted regarding volunteer opportunities available. Once again, thank you for offering your time and talent to City of St. John's services.

For further information, please feel free to contact volunteer@stjohns.ca.

ST. JOHN'S

**Criminal Records Screening Certificate
Volunteer Waiver of Fees**



Royal Newfoundland Constabulary

Re: Volunteer Waiver of Fees for Criminal Records Screening Certificate

This letter is to indicate that _____, D.O.B. _____, is applying for a Criminal Records Screening Certificate so he/she can volunteer his/her services with the City of St. John's, Department of Community Services.

Due to the voluntary nature of this position, the Department requests that the fee for the Criminal Records Screening Certificate be waived and that the results of the screening be mailed to:

Volunteer Services
Recreation Division
City of St. John's
P.O. Box 908
St. John's, NL A1C 5M2

Should you have any questions regarding this letter, please do not hesitate to contact Volunteer Services at 576-8630 or email at volunteer@stjohns.ca.

Thanking you in advance for your cooperation.

Sincerely,

Natalie Godden
Manager – Family & Leisure Services
Department of Community Services
Recreation Division

City of St. John's, Volunteer Application Form



Thank you for your interest in volunteering with the City of St. John's. An active database is kept of volunteers for our services. You will be contacted once your application has been received and reviewed. Please print clearly and complete all fields.

Participant Information: (If under the age of 19, this application must be completed by a parent or guardian.)		
Last Name:	First Name:	Middle Initial:
Street:		Date of Birth : _____ Year / Month / Day
City:	Age Category (if 19 or over): <input type="checkbox"/> 16 – 18 <input type="checkbox"/> 19 – 30 <input type="checkbox"/> 31 – 40 <input type="checkbox"/> 41 – 50 <input type="checkbox"/> 51 – 60 <input type="checkbox"/> 61 – 70 <input type="checkbox"/> 71 – 80	
Province:	Postal Code:	
Home Phone: (____)		Cell Phone: (____)
Business Phone: (____)		E-mail address:

Medical Information:	
Do you have any special needs/requirements that staff should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____	Please list all medical information (including allergies and disorders) which may impact volunteering while engaged in any of our services. _____ _____
Do you require inclusion support for your volunteerism? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list three references. If possible, two of these must be previous employers:

Reference # 1:	Reference # 2:	Reference # 3:
Name:	Name:	Name:
Position Held:	Position Held:	Position Held:
Relationship to participant:	Relationship to participant:	Relationship to participant:
Home Phone: (____)	Home Phone: (____)	Home Phone: (____)
Business Phone: (____)	Business Phone: (____)	Business Phone: (____)
Cell or Pager: (____)	Cell or Pager: (____)	Cell or Pager: (____)
E-mail:	E-mail:	E-mail:

Other Volunteer Information:**What is the highest level of education you have completed?**

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> College |
| <input type="checkbox"/> High School | <input type="checkbox"/> University |

What population do you prefer to work with?

- | | |
|---|---|
| <input type="checkbox"/> Children ages 0 – 5 years | <input type="checkbox"/> Adults of all ages |
| <input type="checkbox"/> Children ages 6 – 12 years | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Youth ages 12 – 18 years | <input type="checkbox"/> Animals |

What is your availability?

- | | |
|--|---|
| <input type="checkbox"/> Any time during the day | <input type="checkbox"/> No preference weekends |
| <input type="checkbox"/> Any time in the evening | <input type="checkbox"/> No preference after school |

Which area would you be interested in volunteering with?

- | | |
|--|--|
| <input type="checkbox"/> Tourism & Cruise Related Events *** | <input type="checkbox"/> Humane Services |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Other: _____ | |

***Note: Applicants with Tourism & Cruise related events must provide a resume outlining past work and volunteer experience.

Can you provide a current valid copy of the following?

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Certificate of Conduct | First Aid/CPR Certificate | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Vulnerable Sector Check | | <input type="checkbox"/> Emergency First Aid |
| | | <input type="checkbox"/> Standard First Aid |

Note: A volunteer confirmation letter is included in this Volunteer Application Package to wave the Code of Conduct fee.

Declaration:

- I agree that in the event of an emergency, City of St. John's staff will take appropriate action for the above-named volunteer. Yes No
- I give permission to use photographs, of the above named volunteer, in any professional materials (i.e. print, website, television). I fully understand that there will be no compensation paid to the volunteer or parent/guardian of the volunteer in exchange for use of the photograph. As well, the City of St. John's has permission to change the image (i.e. by cropping or digital manipulation). Yes No
- I hereby acknowledge that volunteers with City of St. John's are entrusted with knowledge and private affairs of participants and their families. I hereby undertake not to divulge any of the knowledge, nor to discuss it at any time or any place or with unauthorized persons whether during my time with City of St. John's or thereafter. I hereby acknowledge that I fully understand the above and that a breach of this understanding may result in my suspension or dismissal as a volunteer of the City of St. John's. Yes No
- I hereby waive and release all rights and claims for damages against the City of St. John's and their employees and agents for all injuries, which may be sustained, by the herein named minor or myself while volunteering in the program(s) listed above. I understand the content of the program and the risks of personal injury therein. Yes No
- I acknowledge that everything declared in this form is true and I understand that if there is any change to the information contained in this application, it is my responsibility to notify the City of St. John's. Yes No

Parent / Guardian Name: _____
(If volunteer is under 19 years of age)

Volunteer's Signature: _____
(if 19 years of age or older)

Date: _____

Parent / Guardian Signature: _____

Date: _____



APPLICATION FOR

CRIMINAL RECORDS SCREENING CERTIFICATE

Please complete this form and submit with a \$20.00 fee (non-refundable) to the RNC Cash Office, at 1 Fort Townsend off Parade Street. Interac is available for your convenience.

Cash Office is open from 9:00 - 4:30 weekdays. Summer hours are 9:00 – 4:00 weekdays.

Processing will take a minimum of ONE WEEK, excluding weekends and holidays.

An Applicant must provide: two (2) valid pieces of identification, one of which must be government-issued and include the Applicant's name, date of birth, signature and photo.

SECTION 1

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
(b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
(c) With the exception of SECTION 2 of this application, I understand that any certificate that may be issued in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person or body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.
(d) The disclosure of any information resulting from this search is my responsibility.

Last Name: Maiden Name:

Name (Proper birth names required) First Second Third

Home Phone# Work Phone #

Date of Birth: City/Town and Province of Birth:
Year Month Day

Current Street Address: City/Town:

Province: Postal Code:

Gender: Height: Weight: Eye Colour:

APPLICANT'S SIGNATURE: DATE:

If you answer "yes" to any of the following question, please attach details.

1. Have you been convicted of any offence in Canada or the United States?
YES NO If yes, Details:

2. Have you ever changed your name?
YES NO Previous Name: First Second Last

3. Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance?
YES NO If yes, Details:

Searches will only be completed for the following purposes:

Please check the purpose(s) that apply to your request:

- Required by statute or regulation: Statute: _____
Regulation: _____
- Required for foreign work or travel
- Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & volunteers. (complete Section 2 below)
- Required for adoption (complete Section 2 below)
- Required for licence: Licence Type: _____
- Required for education institution: Education Institution: _____
- Required for employment
- Required for Pardon
- Other _____

If you are a young person (under 18 years), you agree that you are making this application for disclosure of any record you may have pursuant to the **YOUTH CRIMINAL JUSTICE ACT**. Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.

SECTION 2

This Section is to be only completed by those applying to work or volunteer with agencies or groups dealing with children or young persons (under 18 years), elderly, physically or mentally challenged persons.

Name of Agency or Group: _____

Address: _____ City/Town: _____ Postal Code: _____

Contact Person: _____ Telephone: _____

Position volunteering for: _____

In making this application for a Criminal Record Screening Certificate, I agree to allow the Royal Newfoundland Constabulary to:

- (a) extend the search to include current investigations and present and or pending charges;
- (b) notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; **and**
- (c) notify the agency or group representative of any present or pending charges against me.

Signature of Applicant: _____ Date: _____
(Sign only if completing Section 2)

Please attach authorization letter for volunteer applications.

Office Use Only

CPIC Check: _____ Court Check: _____ PIRS Check: _____ Other Check: _____

ICAN Check: _____ Certificate Number: _____ Receipt Number: _____

Signature Records Staff: _____ Date: _____



Consent for Criminal Record and Vulnerable Sector Check (For a Sexual Offence for Which a Pardon has been Granted or Issued)

Note: *This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.*

Reasons for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: _____

The name of the person or organization is: _____

Provide details regarding the children or vulnerable persons: _____

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If, I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature

Date of Birth (Y/M/D)

Date

Name (please print)

Maiden Name (please print)