

VOLUNTEER APPLICATION FORM

Thank you for applying to volunteer with The Steadward Centre! We are looking forward to working with you. Please complete the following steps:

1. Complete the Volunteer Application Form – **Deadline for submission: N/A**

- Part 1 – Areas of Interest, Applicant Information, Emergency Contact
- Part 2 – Additional Information
- Part 3 - Police Information Check (for new volunteers and returning volunteers who need an update)
- Part 4 – References (for new volunteers only)
- Part 5 – Waiver and Informed Consent, Declaration of Information

Please complete all applicable sections of the form and submit it to us by fax, email, mail or in-person* to:

The Steadward Centre for Personal & Physical Achievement
1-670K Van Vliet Complex
University of Alberta Edmonton, AB T6G 2H9
The Steadward Centre for Personal & Physical Achievement

Fax: (780) 492-9236
Email: tscvol@ualberta.ca

**Our office hours are: 8 am-12 noon and 1-4 pm, Monday to Friday*

2. Attend Volunteer Orientations / Training

- All new volunteers must complete the General Orientation (online format in eClass)
- All volunteers are encouraged to attend their program specific orientations; refer to volunteer guide.
- If you are volunteering in a fitness-based program you are required to complete the **Fitness 101 training session online (in eClass)**. Please see the volunteer guides attached to find out if this is required for your program choice(s).

Note: Total Orientation/Training time will typically be 2.5-3.5 hours (90 minute General Orientation, 60 minute

For further information please contact us at (780) 492-9236 or email tscvol@ualberta.ca

PART 1

AREAS OF INTEREST

Using the attached volunteer opportunity guides, please indicate your top 3 choices of program/position and timeslots that you are interested in.

FALL 2020

RANKING	PROGRAM/POSITION	TIMESLOT/DAY
1		
2		
3		

How many times per week are you interested in volunteering?

1 shift

2 shifts

3 shifts

4+ shifts

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____

Postal Code: _____ Main Phone Number: _____ Alternate Number: _____

Email Address: _____

Would you like to receive email correspondence? Yes No

Year of Birth: _____

Current Occupation: _____

School/Faculty (if applicable): _____

Year of study: _____ Undergraduate Master's PhD

Program of study: _____

Have you volunteered with TSC before? No Yes (which program) _____

How did you hear about TSC volunteer opportunities?

- TSC Website TSC Staff Other: _____
- Class presentation Word of mouth
- VVC TV Screen Volunteer Website

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Alternate Number: _____

PART 2

ADDITIONAL INFORMATION

Do you have any work/volunteer experience that could be related to the volunteer position that you are applying for?

What do you hope to gain from a volunteer experience at The Steadward Centre?

PART 3

POLICE INFORMATION CHECK

- Complete a Police Information Check: These can be completed for \$15 at the Police Information Checks section at the following address: 14315 118 Avenue #108, Edmonton, AB T5L 4S6. You must bring two pieces of government issued ID, at least one must be photo identification. The completed check must be presented on or before your first day of volunteering.

Previously submitted a Police Information Checks are valid for 1 year from the date of issue

PART 4

REFERENCES

- Please have one professional reference and one character reference (non-family) complete the attached “Volunteer Reference Check” form at the end of this application.

If you have previously volunteered with The Steadward Centre you do not require any references

PART 5

WAIVER AND INFORMED CONSENT

I understand that there are potential risks of injury to myself involved through volunteering with The Steadward Centre for Personal & Physical Achievement physical activity programs e.g.: muscle soreness, muscle strains, possible physical injury, fatigue, discomfort. These risks have been explained to me, I have had full opportunity for discussion of them and I assume wilfully those risks. My obligation is to discontinue any volunteering immediately inform the consultant if I experience any pain, discomfort, fatigue, or any other symptoms that I may suffer. In consideration of volunteering in The Steadward Centre's physical activity programs, I do hereby for myself, successors and assigns, release, forever discharge and waive the University of Alberta and The Steadward Centre for Personal & Physical Achievement and the directors, employees, agents, volunteers, members and representatives of these from any and all action, causes of action, claims and demands for upon or by reason of any damage, loss or injury to person and property which hereafter may be sustained in consequence of my volunteering in a physical activity program at The Steadward Centre for Personal & Physical Achievement.

Signature of Volunteer or parent/guardian (parent/guardian required if under age 18)

Date

Signature of Witness

Date

DECLARATION OF INFORMATION

I certify that all the information in this application is true and complete. I authorize The Steadward Centre to check the references I have provided and review the results of the Police Information Check and Intervention Record Check (if applicable). I further understand that the purpose for which The Steadward Centre gathers the above information is to verify the information I have provided and to evaluate the suitability of potential volunteers with The Steadward Centre.

By checking this box I agree to the above statement

Signature of Volunteer or parent/guardian (parent/guardian required if under age 18)

Date

Signature of Witness

Date

Collection & Use of Information

The personal information above is collected under authority of Section 33(c) of the Alberta FOIPP Act for the purpose of administering The Steadward Centre's volunteer roster. The information collected will be used for verifying and updating contact information, emergency contact and hours tracking, and will not be shared with any other organization. Records will be kept and disposed of according to The Steadward Centre's Record Retention Schedule and Disposal Authority. Questions about the collection, use, disclosure and disposal of this information should be directed to: The Steadward Centre for Personal & Physical Achievement; 1- 670 Van Vliet Complex, University of Alberta; Edmonton, Alberta, T6G 2H9; Phone: (780) 492-3182; Fax: (780) 492-7161; E-mail: tscvol@ualberta.ca

VOLUNTEER REFERENCE CHECK FORM

Name: _____ Title: _____
Organization: _____ Phone: _____
Email: _____
Reference for: _____

How long have you known this individual and in what capacity?

How would you describe the applicant's ability to work with and relate to other individuals (children, youth, and adults)?

What do you consider to be his/her strengths?

What do you consider to be his/her areas for development and improvement?



How would you rate his or her situational judgement (please comment)?

Outstanding

Good

Adequate

Below Average

Poor

Comments:

In your judgment how would you describe his/her character and attitude (please comment).

Outstanding

Good

Adequate

Below Average

Poor

Comments:

Would you have any reservations about recommending this person to serve as The Steadward Centre program volunteer working with children, youth, and adults who experience disability? Please describe.

Please seal reference in a signed envelope and give back to referee, or submit online form to tscvol@ualberta.ca. References can also be mailed to:
The Steadward Centre
1-670 Van Vliet Complex, University of Alberta,
Edmonton, Alberta T6G 2H9

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