

Volunteer and Confidentiality Form 2024

1. Contact Information

N2N Centre will use this information in our correspondence with you.

First Name: _____ Last Name: _____

I use this title:

Mr. Mrs. Miss Ms. Preferred title (please specify) Prefer no title

Address: _____

City: _____ Postal Code: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

2. Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

3. Personal Data

This information will help us plan current and future volunteer opportunities. N2N Centre also produces reports on volunteer demographics. Please check the boxes that apply.

a) I was born between these years:

Before 1945 1946–1964 1965–1980 1981–1991 1992–2009 2010 or later

b) I am at least 16 years old on today's date Yes No

c) I am a student at (name of school) _____

I am in between jobs, looking for work in (type of work) _____

I work inside the home (e.g. stay-at-home spouse / parent)
(self-employed) (company) _____

I work outside the home FT / PT at (type of work; or company) _____

I am retired from (type of work; or company) _____

I also volunteer at (name of organization) _____

I belong to a service club (Rotary, Optimist) or association (retiree club, union) _____

Is there a category we forgot? Please tell us here: _____

905-574-1334 ext. 203
volunteer@n2ncentre.com

d) I heard about volunteering at N2N Centre through:

- | | | | |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Hamilton Spectator | <input type="checkbox"/> N2N Website | <input type="checkbox"/> CHCH TV | <input type="checkbox"/> N2N Volunteer |
| <input type="checkbox"/> Mountain News | <input type="checkbox"/> Facebook | <input type="checkbox"/> Cable 14 | <input type="checkbox"/> School/Instructor |
| <input type="checkbox"/> Ancaster News | <input type="checkbox"/> Twitter | <input type="checkbox"/> Radio | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Church Bulletin | <input type="checkbox"/> Instagram | <input type="checkbox"/> Event | <input type="checkbox"/> N2N Staff |
| <input type="checkbox"/> Community Bulletin | <input type="checkbox"/> Other (please specify): _____ | | |

4. Skills and Talents

Tell us what skills, talents and experience you would like to share as an N2N Centre volunteer.

	<u>Spoken</u>	<u>Written</u>
English language	<input type="checkbox"/>	<input type="checkbox"/>
Additional language(s)	_____	_____
_____	_____	_____

<input type="checkbox"/> cooking	<input type="checkbox"/> G License	Add skills/talents: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> CPR	<input type="checkbox"/> heavy lifting (30-50 lbs.)	
<input type="checkbox"/> customer service	<input type="checkbox"/> Joint Health and Safety (JHSC)	
<input type="checkbox"/> First Aid	<input type="checkbox"/> people skills	
<input type="checkbox"/> Food Handler's Certificate	<input type="checkbox"/> photography	
<input type="checkbox"/> Forklift Certificate	<input type="checkbox"/> risk management	
<input type="checkbox"/> gardening	<input type="checkbox"/> translation	
<input type="checkbox"/> graphic design	<input type="checkbox"/> videography	
<input type="checkbox"/> group facilitation	<input type="checkbox"/> WHMIS	

5. Availability

I am available to volunteer on these days:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
morning						
afternoon						n/a
afternoon (3:45-5; 3-6:30)					n/a	n/a
evening (4-7:45 pm)	n/a	n/a	n/a		n/a	n/a

6. Interests

I want to be an N2N Centre volunteer because ...

7. Special Request to Confirm Hours

I will require a letter, signatures or statement of volunteer hours performed at N2N Centre

Yes No

Please note that court-mandated volunteers must complete 50 hours in order for a letter to be issued.

The information I have provided is true and complete, and I give Neighbour to Neighbour Centre (Hamilton) consent to contact my references when I am being considered for a role.

Signature _____ Date _____

PLEDGE OF CONFIDENTIALITY (mandatory)

Confidentiality and the Protection of Personal Information

It is a matter of professional ethics, as well as the policy of Neighbour to Neighbour Centre (Hamilton), that the strictest confidentiality be maintained regarding any information we obtain from the clients, donors or volunteers we serve or confidential organizational materials. Anyone employed, either as a paid employee, Board member, student placement or volunteer, by Neighbour to Neighbour Centre (Hamilton) must not divulge any confidential information regarding any client and/or child, donor or volunteer. This is a condition of employment, placement and/or volunteerism or participation in any activities involving clients, donors and volunteers and this organization.

Employees, Board members, students, volunteers and any other observers who participate in Neighbour to Neighbour Centre (Hamilton) activities for any purpose or who use agency material for case presentation for teaching purposes and/or advocacy must disguise all identifying data and all pertinent information which might identify the client, donor or volunteer. Organizational materials may not be photocopied nor may any files be removed from Neighbour to Neighbour Centre (Hamilton) without the Executive Director's prior approval.

It is imperative that the confidentiality of our clients, donors and volunteers be maintained.

Agreement

I understand the above and agree to maintain confidentiality of clients, donors and volunteers information which I have gained access to during my employment, placement, volunteer activity or contact with Neighbour to Neighbour Centre (Hamilton) as well as upon completion or termination of my employment, placement, volunteer activity or contact or with Neighbour to Neighbour Centre (Hamilton).

NAME (please print) _____

SIGNATURE _____ **DATE** _____

CONSENT TO CONTACT VIA E-MAIL (optional)

I have given Neighbour to Neighbour Centre my contact information and agree to receive e-mails regarding events, volunteer opportunities and general news.

SIGNATURE _____ **DATE** _____

IMAGE RELEASE (optional)

I hereby authorize Neighbour to Neighbour Centre (Hamilton) to use my photograph, recorded digitally or on film, for promotional material and to identify me as a volunteer – either as part of a group or as an individual.

SIGNATURE _____ **DATE** _____