

Jan. 2022

Dear Prospective Volunteer:

Thank you for inquiring about becoming a volunteer with The Children's Aid Society of London & Middlesex (CASLM). We have some exciting volunteer opportunities, and we are grateful you have taken an interest in one or more role.

Below you will find a Volunteer Application form. Please complete this form and return it to my attention. You can submit your application by mail, email, fax, or in person. Please note that all applications will be confidential. When completing the "References" section, please ensure that you include 2 personal references, and 1 academic / employment / volunteer reference. Also, we require you to complete the *Child Welfare Record Check Consent Form: Volunteer Record Check* authorizing us to search the records of Children's Aid Societies in Ontario. This type of record check is completed for a wide range of services (e.g. foster, adoption, kinship, family counseling and child protection services), and it is not unusual for people in the community to have had previous contact with a Children's Aid Society.

Our agency is a part of the Child Protection Information Network (a provincial data base), as a volunteer your information will be added.

CASLM has a responsibility to ensure the safety and well-being of children; therefore, as part of the screening process, we will also require a Police Vulnerable Sector Check specifically for our agency (cost will be reimbursed), Confidentiality Agreement, and proof of a valid "G" driver's license / insurance information / drivers abstract (for volunteers who wish to drive children).

All prospective volunteers will be required to complete mandatory Accessibility for Ontarians with Disabilities (AODA) training. We will provide you with more information on AODA training once your application and required documents have been received. A personal interview will also be scheduled at this time.

As of Oct. 2021 our policy requires that all in person volunteers provide verification of dose two Covid-19 vaccination during the pandemic. Once verified, we do not keep medical records.

Thanks again for your interest in volunteering with the Children's Aid Society of London & Middlesex. Should you have any questions, please feel free to call me directly, or speak with staff in Volunteer Services.

Sincerely,

Joannie Pearson
Volunteer Coordinator

JP/bp
Enclosures

VOLUNTEER APPLICATION

Personal Data

Title (e.g. Mr., Ms., Mrs., Dr., Rev.) _____

Name _____

Permanent Address _____ Temporary Address _____

City / Province _____ City / Province _____

Postal Code _____ Postal Code _____

Phone #'s (please check preferred)

Home _____ Work _____ Cell _____

E-Mail Address _____ Use for Contact? Yes No

Are you over 18 years of age? Yes No Do you have a valid "G" Drivers License? Yes No
Do you smoke Yes No Do you have a smoke free vehicle Yes No

Volunteering Interests - Please check off all area(s) in which you are interested in volunteering

- Directly with children and families
 - All ages
 - Preschool (age 0 – 5)
 - School age (age 6 – 12)
 - Teens (age 13 – 17)
 - Youth (age 18 – 21)
 - Adults
- Administrative / Clerical
- Special Events
- Are you interested in a specific volunteer role? _____

Skills and Knowledge - Please check off all areas that apply to you, and provide details

- Languages (other than English) _____
- Culture / Religion (optional) _____
- Child development / management _____
- Recreation e.g. sports, music, arts, crafts, hobbies _____
- Administrative skills e.g. typing wpm, filing, computer _____
- Fundraising / Writing / Media/Marketing _____
- Fundraising/Special Events _____
- Medical training _____
- Teaching / Mentoring _____
- Counselling _____
- Other _____

Education

Institution / Program	Completed?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other courses, workshops, seminars e.g. First Aid / CPR	

Employment / Volunteer Experience

Present / Last Organization	Role	Main Responsibilities	Start / End Date
<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			
<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			
<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			

References

Please list 3 references. One reference can be employment, volunteer or education related. The other two references must be personal – **people who have known you for at least one year, over age 18, and not relatives or members of your family.** We will contact your references via email, so please include email addresses. Thank you.

Name	Complete Mailing Address (Including Unit, Postal Code) & Email Address	Phone #
		Home Work:
		Home Work:
		Home Work:

I hereby declare that the foregoing information is true and complete to my knowledge.

Signature _____ Date _____

I, _____ Date of Birth: _____
(Present Full Name) (Month/Day/Year)

Past/Other Names (Birth Name, Married Names, Other Names)

of _____
(Current Address – Street, Apt./Suite No., City, Postal Code)

hereby consent to a search being conducted by the Children's Aid Society of London & Middlesex (CASLM), of the records of Children's Aid Societies in Ontario and the examination and disclosure of any information in the possession of or under the control of a Children's Aid Society in Ontario, regarding myself.

I understand that CASLM and many other Ontario Children's Aid Societies are using CPIN (Child Protection Information Network) as their documentation system. I understand that when an agency using CPIN searches for my record, it will find all records of my involvement with all Ontario Children's Aid Societies also using CPIN. I also understand documentation regarding the record check will be entered in CPIN.

I further understand that when The Children's Aid Society of London & Middlesex uses CPIN, now or in the future, my information will be entered in the provincial Child Protection Information Network.

Previous Places of residence:

I have lived in the following places since I reached the age of 18 years or became a parent, whichever first occurred (if more space is needed please use back of form):

City, Province, Country	Dates – (from – to)
_____	_____
_____	_____
_____	_____
_____	_____

When completing your request, it is possible that records could be located that match both your name and date of birth but could belong to individuals other than yourself. Finding these alternate records may cause delays in our ability to provide you with timely results in order to confirm your identity. The additional information below is necessary in order to limit the possibility of locating alternative records.

My child/ren's name(s) (if applicable):

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Spouse or partner's name (if applicable):

_____ Date of Birth: _____
(Spouse/ Partner's Full Name) (Month/Day/Year)

By signing below, I the applicant consent to a child welfare record check in your system as part of the process.

Applicant

Signature: _____

Date: _____ Contact Phone #: _____
(Month/Day/Year)