



600 West Queens Rd
North Vancouver BC
V7N 2L3 Ph: 604-988-7115 X 27
www.keepwellsociety.ca

VOLUNTEER INFORMATION FORM FOR BOTH NEW AND EXISTING VOLUNTEERS

Last Name:
First Name:
Known as:
Mr. Mrs. Ms. Other:
Birthdate:
Address:
City:
Postal Code:
City/ District:
Home Phone:
Cell Phone:
Email Address:

* See Below

What do you do (or want to do) with Keep Well?

Board of Directors Site Coordinator
Site Volunteer Massage Volunteer
Blood Pressure Volunteer
Board Committee Volunteer
Registration Volunteer
Other

References: (someone who knows you)

Can be a Keep Well volunteer.

Reference 1

Name:

Phone:

Email:

Reference 2

Name:

Phone:

Email:

Languages spoken

Medical certifications if any: (Including Retired or Expired)

Other Work/Volunteer Experience: (Including Past)

Are you a Keep Well program participant? Which Site?

Date Started?

Days Available: (Note all Keep Well sessions are presently held in the morning)

Mon: Tues: Wed: Thurs: Fri:

Emergency Contact:

Name:

Phone:.....

Continued over page.

Note: Photos taken at any Keep Well event could be posted online in the Public Domain (no names will be given). If you do not want your photo taken, please inform the Site Coordinator and/or remove yourself from group photos when they are being taken. *By virtue of providing Keep Well with your email address, you consent to receive emails relating to NS Keep Well activities and interests. The information on this sheet will be kept confidential.

I declare that all information provided above is accurate and current as of this date:

Signature: **Date:**



600 West Queens Rd
North Vancouver BC
V7N 2L3 Ph: 604-988-7115 X 27
www.keepwellsociety.ca

Your Volunteer History with Keep Well

Keep Well wants to recognize volunteers' contributions. In addition to honouring our volunteers, we use volunteer statistics in funding applications.

What year did you first start as a volunteer with Keep Well?

What volunteer positions/work have you done in the past with Keep Well? List all the positions in order, with the year and site at which they occurred:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

The North Shore Keep Well Society has been serving the community since 1987 and is funded in part by VCH, PARC, District and City of North Vancouver, District of West Vancouver, Community and Private Donations



CONSENT TO A CRIMINAL RECORD CHECK FOR VOLUNTEERS

(WORKING WITH CHILDREN AND/OR VULNERABLE ADULTS)

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed.

WORKS WITH (choose one): children vulnerable adults children and vulnerable adults

Please verify with your volunteer organization which "works with" category applies to you.

PART 1: APPLICANT INFORMATION

Legal Surname / Last name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: _____ YYYY MM DD		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):					
Surname / Last Name:		Given / First Name:		Middle Name:	
Residential Address:		City:	Province:	Country:	Postal Code:
Mailing Address (If Different from above):		City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.			Driver's Licence #:		

PART 2: VOLUNTEER ORGANIZATION INFORMATION

To be completed by an authorized organization representative

SECTION A Complete this section if you have been provided an ID number by the Criminal Records Review Program (CRRP).

Volunteer Organization Name: _____

Organization Contact Person Name and Title (the person to receive the result of the criminal record check):

ID Number (Provided by the CRRP): _____

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Volunteer Organization Name: _____

Organization Contact Name or Title (The person receiving the result of the check):

Mailing Address:	City:	Province:	Country:	Postal Code:
------------------	-------	-----------	----------	--------------

Office Area Code & Phone No:	Organization E-Mail Address:
------------------------------	------------------------------

SECTION C

Volunteer's position/Job Title with volunteer organization: _____

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

I have read and understand the consent for release of information and acknowledgments on Page 2.
I hereby consent to these terms as indicated by my signature below:

_____	_____
Applicant Signature	Date Signed YYYY / MM / DD

CONSENT TO A CRIMINAL RECORD CHECK -- VOLUNTEERS

CHECKLIST FOR APPLICANT

To get started: My organization has either directed me to complete the paper consent to a criminal record check form and fax or mail to the Criminal Records Review Program or my organization is registered with the CRRP and enrolled for the online service and has provided me with their unique link to go online and complete the consent to criminal record check electronically.

- I have completed the form truthfully, clearly and legibly and signed and dated.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA)
- My volunteer organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- My volunteer organization will retain the original form and will forward a copy to the Criminal Records Review Program.

CHECKLIST FOR ORGANIZATION

- The volunteer / applicant will provide you with the original, completed and signed consent form.
- Retain the original form(s).
- Forward a copy of the form to the Criminal Records Review Program by mail, fax or email:
MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
FAX: 250-953-0408
EMAIL: criminalrecords@gov.bc.ca
- Verify the ID of each volunteer / applicant in person to confirm their identity and to ensure the information matches what was provided on the consent form. NOTE: Please use a Canadian Driver's Licence if the applicant has one.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act;
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a vulnerable sector search to check if I have been convicted of and been granted a pardon for any sexual offences of the Criminal Records Act.
- I understand a criminal record check under the criminal records review act is required at least once every five years. Go to the RCMP website for additional details on vulnerable sector checks:
<http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations deemed relevant by the Registrar.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.