**VOLUNTEER APPLICATION**

**MISSION**

Inn Out of the Cold is a program designed to provide shelter seven nights a week during the winter months which strives to respond, in a meaningful way to the needs of the most abandoned of our community’s poor and homeless people. These needs include the basic physical needs of shelter, food and warm clothing, and deeply human needs of compassion, dignity and feelings of self-worth.

It is the aim of the program to enable all those involved to share their individual riches and poverties with one another. This interaction makes possible a discovery of our common humanity, which helps eliminate barriers and leads to the building of new and enriching relationships.

**OBJECTIVE**

To provide the homeless in our community with warm and safe overnight accommodations and nourishment within a quiet and welcoming atmosphere.

**GUIDING PRINCIPLES**

1. Our guests are to be treated with dignity and respect.

2. Our organizational principles will be as simple and non-bureaucratic as possible consistent with a “welcoming atmosphere".

3. We are not here to preach or convert.

4. We welcome community involvement.

VOLUNTEER PROFILE

Please Print

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Apt. City Postal Code  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Business  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Phone |

|  |
| --- |
| Reference 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Phone |
| TRAINING (not required): |
| Non-Violent Crisis Intervention Date |
| First Aid/CPR Date |
| ASIST Date |
| Food Handling Certificate Date |
| Other (please specify) |
|  |

* PLEASE CHECK MAIN AREAS OF INTEREST

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Job** | **Responsibilities** | **Time (approx.)** |
|  | Kitchen Help | Serving food, cleaning, prep as directed by chef/team lead | 5:00-8:00 pm |
|  | Dishwasher | Prepare all dirty dishes for commercial dishwasher, run cycle, put dishes away | 6:30-8:30pm |
|  | Hospitality Crew | Interact with guests, door monitoring, computers and games, set-up/take-down of tables and chairs | 5:00 – 10:00pm |
|  | Over-Night Crew | Overnight watch, bed checks and closing, sort donations, organize storage spaces | 12pm- 8am |
|  | Donation Sorting | Under the guidance of staff, sort donations into various labelled bins. | flexible |
|  | Donation Receiving | Greet and thank donors at door of the Inn, receive, record donation. Put donation in specified area. | Various times available-day and evening |
|  | Donation Transportation | Transport donations to and from off site storage | Various times available-day and evening |

* I AM INTERESTED IN VOLUNTEERING

|  |  |
| --- | --- |
| **Shift** | **Start date:** |
|  | Daily |
|  | Weekly-days available: |
|  | Monthly-preferred days: |
|  | Call in as needed (no set schedule) |
|  | Other: please specify |

VOLUNTEER CODE OF CONDUCT

Volunteers at Inn Out of the Cold share a responsibility to ensure that the organization is successful in meeting its stated goals and objectives. To this end, volunteers are expected to observe the following code of conduct:

1. Volunteers will conduct themselves in a manner consistent with their role as a positive ambassador and representative of Inn Out of the Cold.
2. Volunteers will respect the privacy and dignity of all guests, staff and other volunteers.
3. Volunteers are expected to be courteous and professional to guests, staff and other volunteers at the shelter.
4. Volunteers must never disclose confidential information unless authorized to do so. If there is any doubt regarding the confidentiality of any information obtained while working at the shelter, the volunteer shall consult with the Volunteer Coordinator or on-duty staff to clarify the situation. In general, all information obtained while working at the shelter should be treated as confidential unless stated so otherwise.
5. Any information obtained that causes concern to the volunteer regarding the safety and well-being of themselves or others, must be shared with the Program Director or the Volunteer Coordinator or on-duty staff.
6. If a volunteer has any complaints regarding the operation of the shelter, they are encouraged to share them with the Volunteer Coordinator, on duty staff and/or the Program Director, who will propose a resolution. If the volunteer is unsatisfied with the result, the complaint may be brought to the attention of the Board of Directors, who will either agree with the proposed resolution or offer an alternative solution. The Board’s decision will be final, with no possibility of appeal.
7. Volunteers will not share any personal information with guests or enter into any sort of personal relationship with them. Guests are at the shelter because of serious issues in their lives and it is inappropriate for volunteers to go beyond the duties of their voluntary position.
8. Volunteers are asked to discuss problems, issues or concerns with the Volunteer Coordinator.
9. Volunteers will not make public statements regarding the organization without authorization from the Program Director or the Board of Directors.
10. Volunteers can expect to be treated with dignity and respect by the guests, by other volunteers and staff of the organization.

**ALL VOLUNTEERS MUST READ AND SIGN BELOW**

I will respect the dignity and privacy of our guests and will neither judge nor preach. I understand the need to treat any information obtained in strict confidentiality. I am willing to undergo a police records check should that be deemed necessary for my volunteer position.

Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once form is complete (including police check) bring/mail all paperwork to:**

**Inn out of the Cold, 135 Wellington Street, St.Thomas N5R 2Z7 Tuesday to Friday 8-1pm or call Cherisse at 226-980-7876 to make arrangements.**

**CONFIDENTIALITY STATEMENT**

The maintenance of confidentiality is a key requirement of staff and volunteers working for Inn Out of the Cold. The purpose of confidentiality is to safeguard information about our guests, volunteers, staff, and other individuals associated with the shelter. Any personally identifying information about any persons involved with Inn Out of the Cold is considered to be confidential information. Confidential information cannot be released without the express consent of the individual, except when the individual's (or others') health or safety is at immediate and severe risk. In such cases, the information should be shared with the Program Director or the Volunteer Coordinator.

The unauthorized access to, modification, deletion or disclosure of information may compromise the integrity of Inn Out of the Cold or otherwise violate individual rights of privacy. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited and is contrary to the Privacy Act. (PIPEDA - available at [www.privcom.gc.ca](http://www.privcom.gc.ca))

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, acknowledge having read and understood the above confidentiality statement of Inn Out of the Cold. I agree to abide by the procedures contained within the statement and I acknowledge that in the event of my breaching this confidentiality policy, I may not be permitted to continue as a staff or volunteer with Inn Out of the Cold, and that third parties may have claim for damages against me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Inn Out Of the Cold St. Thomas Elgin is funded in part by the United Way of Elgin –St. Thomas

CRA Charitable No. 807524467RR0001

St. Thomas Police Service

45 Caso Crossing

St. Thomas Ontario Canada

N5R 0G7

2019/20 operating season

To whom it may concern:

RE: Request for Police Vulnerable Sector Check

Inn Out of the Cold St.Thomas Elgin requires the applicant to provide a Police Vulnerable Sector Check due to volunteering with our guests who

1. Are in a position of dependence on others; or
2. Are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.

\_\_\_\_\_ has made an application to volunteer for Inn Out of the Cold.

Applicant name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

If you have any questions or comments, please do not hesitate to contact the undersigned.

Cherisse Swarath,

Volunteer Coordinator

Inn Out of the Cold St. Thomas Elgin

226-980-7876