

Make-A-Wish® Privacy of Information Policy

Information provided by volunteer applicants, and ascertained through Police Records Checks & Vulnerable Positions Screenings, will only be used for the purpose of the volunteer's position with Make-A-Wish® Atlantic Provinces, and will not be given to any other organization or outside party.

It is the responsibility of Make-A-Wish® Atlantic Provinces to make all volunteers aware of the areas that a Police Records Check & Vulnerable Positions Screening search will be conducted. Information to be searched by Police Services will include:

- Pardoned sex offences
- Criminal record (Adult)
- Probation, Prohibition and other Judicial orders which are in effect
- Record(s) of conviction for offences under the "Child & Family Services Act"
- Occurrences
- Criminal record (Young person)
- Records of "Not criminally responsible on account of mental disorder"
- Pending charges under Federal Statutes
- Pending charges under the "Child & Family Services Act"

Section 6: Authorization & Consent

In order to safeguard the clients which Make-A-Wish® Atlantic Provinces serves, I understand the need for Make-A-Wish® Atlantic Provinces to carefully screen all volunteer applicants.

Therefore, I hereby authorize that:

- I have completed and reviewed this entire form, and attest that the information I have provided is true.
- I agree and acknowledge that Make-A-Wish® Atlantic Provinces will contact the individuals I have given as references, and will verify the accuracy of all information I have provided.
- I understand that a condition of acceptance of any volunteer role requiring my direct contact with wish children and their families is that I complete a Police Records Check & Vulnerable Positions Screening.
- I understand that any false information I have given, or any incident recorded on my Police Records Check & Vulnerable Positions Screening **may** result in my being unaccepted in any volunteer role with Make-A-Wish® Atlantic Provinces.
- I understand that Make-A-Wish® Atlantic Provinces has the right to deny any individual as a volunteer for the Foundation, and reserves the right to have a Police Records Check & Vulnerable Positions Screening conducted again at any time during a volunteer's service with the Foundation.
- I fully and unconditionally release and forever discharge Make-A-Wish® Atlantic Provinces and its directors, employees, volunteers, and clients from any actions, claims, lawsuits, liabilities, damages or losses whatsoever sustained by myself.

I have read this Authorization and Consent Statement and fully understand its contents.

Print Name in Full: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 yrs): _____ Date: _____

Emergency Contact: (if under 18 yrs) _____

Thank you for your interest in volunteering. Your support will help us continue granting wishes for children living with life threatening illnesses.

Section 2: Volunteer and Community Involvement

How did you hear about Make-A-Wish®?

Have you ever done volunteer work before? YES NO If yes, please describe affiliations below:

Organization: _____

Address: _____ Phone: _____

Contact Name & Title: _____

Period of Service: _____ Provide details of your role and responsibilities:

Organization: _____

Address: _____ Phone: _____

Contact Name & Title: _____

Period of Service: _____ Provide details of your role and responsibilities:

Are you currently associated with any other charitable, civic or business organizations?

If yes, please list below

Section 3: References

Provide one personal, and one business reference when possible.

References must be non-related to applicant.

Name: _____ Relationship: _____ Phone # _____

Address: _____ City, Prov: _____ PC: _____

Name: _____ Relationship: _____ Phone # _____

Address: _____ City, Prov: _____ PC: _____

Are your references aware of your referral? YES NO



118 Wyse Rd Unit 10 Suite 362
Dartmouth, Nova Scotia B3A 1N7
National website: www.makeawish.ca
Tel: 466-9474 Fax: 466-0602

Inquiries: atlanticchapter@makeawish.ca

VOLUNTEER APPLICATION FORM

Upon acceptance as a volunteer, the information on this form will assist us in finding the most satisfying and appropriate volunteer projects for you. We appreciate your cooperation in answering as thoroughly as possible.

For Office Use Only	Date Completed		Date Completed
<input type="checkbox"/> Application Received	_____	<input type="checkbox"/> Entered in Database	_____
<input type="checkbox"/> Volunteer Role	_____	<input type="checkbox"/> References Checked	_____
<input type="checkbox"/> Background Check (if applicable)	_____	<input type="checkbox"/> Orientation/Interviewed	_____
<input type="checkbox"/> Committee	_____	<input type="checkbox"/> Inactive as of	_____
<input type="checkbox"/> Notes	_____		

Section 1: Contact Information

Name: _____

Home Address: _____

City, Prov: _____ PC: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Current (or most recent) Employment

Present Employer: _____ Position: _____

Work Address: _____

City, Prov: _____ PC: _____

Bus: Phone: _____ Fax: _____

Bus: E-mail: _____

May we contact you at work? YES NO

Indicate best way to contact you: Phone Email Fax