



Volunteer Application

Welcome Volunteers,

The Fraser Valley Aboriginal Children & Family Services Society (FVACFSS) would like to welcome you and thank you for your interest in volunteering with us. Included in your Volunteer Application Package you will find the following documents:

1. **Consent to a criminal record check for volunteers (working with children and/or vulnerable adults)** Fill out (**FORM CRR026**) and submit with your application form.
2. **Volunteer Application Form.**

It is important that all documents are completed as soon as possible as these documents must be on file before you can begin your volunteer experience with us.

Completed Application Forms can be submitted through one of the following options:

- Email: volunteer@xyolhemeylh.bc.ca
- Mail to: #1-7201 Vedder Road, Chilliwack, BC, V2R 4G5

Your application will then be processed, and you will be contacted regarding volunteer opportunities available. Once again, thank you for offering your time and talent to Fraser Valley Aboriginal Children & Family Services Society. For further information, please feel free to contact volunteer@xyolhemeylh.bc.ca



Volunteer Application

Thank you for your interest in volunteering with the Fraser Valley Aboriginal Children & Family Services Society. An active database is kept of volunteers for our Agency. You will be contacted once your application has been received and reviewed.

Please print clearly and complete all fields.

Participant Information

Last Name (legal name)	First Name	Middle Initial
Home Address		
City	Province	Postal code
Email Address		Phone number (include area code)
Date of Birth (mm/dd/yyyy)	BC Driver's License #	

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Interest

Provide a summary of why you want to volunteer including specific areas of interest.

Special Skills & Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?



Volunteer Application

Criminal Records Check

The Criminal Records Review Act ensures that people who work with or may have potential for unsupervised access to children or vulnerable adults undergo a criminal record check by the Criminal Records Review Program (CRRP).

A person whose criminal record suggests they present a risk of physical or sexual abuse to children or a risk of physical, sexual or financial abuse to vulnerable adults will not have access to these groups. Please fill out applications for Criminal Record in Vulnerable Sector Check Form and submit with this application.

Declaration

Declaration:

1. I agree that in the event of an emergency, FVACFSS's staff will take appropriate action for the above-named volunteer. Yes ___ No ___
2. I give permission to use photographs, of the above-named volunteer, in any professional materials (i.e. print, website, television). I fully understand that there will be no compensation paid to the volunteer or parent/guardian of the volunteer in exchange for use of the photograph. As well, the FVACFSS's has permission to change the image (i.e. by cropping or digital manipulation). Yes ___ No ___
3. I hereby acknowledge that volunteers with FVACFSS are entrusted with knowledge and private affairs of participants and their families. I hereby undertake not to divulge any of the knowledge, nor to discuss it at any time or any place or with unauthorized persons whether during my time with FVACFSS or thereafter. I hereby acknowledge that I fully understand the above and that a breach of this understanding may result in my suspension or dismissal as a volunteer of the FVACFSS. I agree to sign Oath of Confidentiality. Yes ___ No ___
4. I hereby waive and release all rights and claims for damages against the FVACFSS and their employees and agents for all injuries, which may be sustained, by the herein named minor or myself while volunteering in the program(s) listed above. I understand the content of the program and the risks of personal injury therein.
Yes ___ No ___
5. I acknowledge that everything declared in this form is true and I understand that if there is any change to the information contained in this application, it is my responsibility to notify the FVACFSS. Yes ___ No ___
6. I agree to adhere to all policies and procedures that have been reviewed with me upon onboarding.
Yes ___ No ___
7. I certify that the information I have provided is accurate and true.

Signature: _____ Date: _____

VOLUNTEER - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

**THIS FORM MUST BE SIGNED BY THE VOLUNTEER ORGANIZATION AUTHORIZED CONTACT AND
SUBMITTED WITH THE VOLUNTEER CONSENT FORM**

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER ORGANIZATION CHECKLIST

- ☐ The volunteer has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.**
- ☐ My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- ☐ My organization will verify the volunteer's I.D. in person and ensure that the information provided on the consent form(s) is accurate.
- ☐ My organization has reviewed the "works with" category and has completed that portion of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

- ☐ I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the volunteer's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ **SIGNATURE:** _____

SECTION 2: FOR VOLUNTEER USE

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER CHECKLIST

- ☐ I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
- ☐ My volunteer organization has verified my I.D. in person to confirm my identity and ensure that the information on my consent form is accurate.
- ☐ My organization will retain the original consent form and will forward a copy to the CRRP on my behalf.
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- ☐ I hereby consent to a check 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 understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- ☐ 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 received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- ☐ I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- ☐ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions of any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- ☐ Where the results of a 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.
- ☐ My organization and I will be notified that I have an outstanding charge or conviction for a relevant of specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- ☐ 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 determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- ☐ If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form





IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process.

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

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

Volunteer Organization Name:				
Authorized Contact Name and Title				
ID Number (Provided to the organization from the CRRP): _____				
Mailing Address:	City:	Province:	Country:	Postal Code:
Office Area Code & Phone No:				

Volunteer's position/Job Title with volunteer organization:

I have read and understand the Consent for Release of Information and Acknowledgements on Page 1. I hereby consent to these terms as indicated by my signature below:

Date Signed YYYY / MM / DD

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: 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 in accordance 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 (Option 2).