



# **Application Form**

Applicant Information							
Please Circle One:	Last Name:			First Name:			
Mr. Miss Mrs. Ms.	<u> </u>						
Street Address:					Apt/Unit:		
City:		Province:			Postal Code:		
Phone:		Cell Phone:					
Email address:			Date of Birth: MM   DD   YYYY				
Age: Gender:			T-Shirt Size: XS S M L XL				
Have you ever been conv	icted of a fel	ony?	If yes, please provide details:				
Yes No							
Are you in need of Court			Which role(s) are you interested in applying for?				
Mandated			Volunteer Ambassador				
Community			Community Fundraising Volunteer				
Service Hours?			Event Volunteer				
Yes No			Volunteer Ac				
100		French Language Specialist Volunteer					
			Seasonal Volunteer				
Experience/Education and Skills							
Employer/School: Grade					Grade:		
Have you previously volunteered with the Shine Through the Rain Foundation?  Yes  No					No		
What are your reasons for wanting to volunteer with Shine Through the Rain Foundation?							
What kind of volunteering activities are you interested in?							





Please tell us about any previous volunteer experience:									
Do you have any office experience? Please give details of any software packages you are confident using.									
Availability & Commitment									
How often would you want to volunteer?			Weekly	Month	Monthly Ad-hoc b		Other (give details):		
If you are interested in weekly	voluntee	ring, pleas	se provide ir	ndication of a	vailability:				
Monday	AM	PM	All day	Thursda	Thursday		1 PM	All day	
Tuesday	AM	PM	All day	Friday	Friday		1 PM	I All day	
Wednesday	AM	PM	All day	Saturday	1	AN	1 PM	I All day	
Additional Information  Where did you learn about volunteering opportunities with Shine Through the Rain Foundation?									
Do you hold a valid driver's license? Yes No									
Please provide details of an individual we can contact in case of emergency:									
Name: Rel					Phone Number:				
Do you have any allergies or special requirements that we should be aware of?									
Any further comments or information you wish to share with us?									

# Volunteer



## **MEDIA RELEASE**

I, the undersigned, hereby authorize Shine Through the Rain Foundation, its affiliates and agents, to use my image and
likeness and/or any interview statements from me in its publications, advertising or other media activities (including the
Internet), without expectation of compensation or other remuneration, now or in the future. This consent includes, but
is not limited to:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me.

	Name (PLEASE PRINT):		
	Signature:		
	Address:		
	Date:		
-	ete if applicable: The below signed parent or legal guardian of the ves permission to the above on behalf of such minor child.	ne above-named minor chil	d hereby consents to
	Signature of Parent or Legal Guardian:		
	Print Name:		
	Date:		





#### **VOLUNTEER AGREEMENT**

This Volunteer Agreement describes the working relationship, and arrangements, between the Shine Through the Rain Foundation ("the Foundation") and you. We would like to assure you of our appreciation of your volunteering with us and we will do the very best that we can to make your volunteering experience with us enjoyable and rewarding.

## **Part 1: The Foundation**

The Foundation commits to the following:

- Induction and Training to provide you with appropriate induction into the work of the Foundation and your chosen volunteering role, and to provide you with training to meet the responsibilities of that role.
- Supervision and support:
  - -to explain the standards that we expect from our Volunteers and to encourage and support you to achieve and maintain them
  - to provide a named person who will maintain contact with you regularly to discuss your volunteering and any associated issues
  - -to do our best to help you develop your volunteering role with the Foundation
- Role Description The Foundation will provide you with a description of each role that you carry out on behalf of the organization. The role description will be reviewed and updated as necessary, and you will be informed of any changes that affect your role.
- Problems to try to resolve any problems, grievances and difficulties you may have you volunteer with us.

#### Part 2: The Volunteer

•		
	I, (VOLUNTEER NAME)	agree:
•	• to accept my role as a Volunteer of the Foundation, and h	elp promote the Foundation in the role I perform;
•	• to perform my volunteering role to the best of my ability;	

- to follow the Foundation's policies, standards and procedures
  to maintain confidentiality of the Foundation and at all times;
- to meet all the commitments expected of me and the standards agreed
- not to do anything likely to bring the name of the Foundation into disrepute; and
- that all material I procure while carrying out my role belongs to the Foundation.

This agreement is binding in honour only, is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.

Volunteer Name (PRINT):	
	Date:
Volunteer Signature:	
Parent/Guardian Name (PRINT):	
	Date:
Parent/Guardian Signature*:	

905-477-4251

<sup>\*</sup>Required if volunteer is under 16 years of age