

Volunteer Application Form

Name: _____ Date: _____

Address: _____ Telephone (#1): _____

Postal Code: _____ Telephone (#2): _____

Email: _____

Can we add you to the newsletter mailing list? email letter mail

Do you have any previous work experience with the Friendship Inn? _____

If yes, please describe: _____

Why would you like to volunteer at the Friendship Inn? _____

Briefly describe your skills and education that apply to volunteering at the Friendship Inn:

How often do you anticipate you will come in to volunteer?

- 1) Weekly
- 2) Monthly
- 3) Whenever my schedule allows
- 4) More than once/week

Please Supply two character references:

Name: _____ Name: _____

Email: _____ Email: _____

Telephone: _____ Telephone: _____

***Volunteers over the age of 18 must also provide a **Criminal Record Check** report issued within the last 6 months. A criminal record check is offered free of charge by the Saskatoon Police Service with a signed letter from the volunteer organization. To get your letter signed by the Volunteer Coordinator drop by the Friendship Inn Monday-Friday 8am-2pm, or call 306-242-5122 to make other arrangements.*

Waiver of Liability

I wish to volunteer my time, effort and services to The Friendship Inn as a volunteer. I recognize as a volunteer I donate my time, effort and services and understand there will be no compensation in return. I understand as a volunteer I am not covered by any workers compensation or similar insurance that would pay medical bills incurred because of any injury I may receive while volunteering. In return for my agreement to these conditions, The Friendship Inn agrees to accept my services as a volunteer.

Confidentiality Agreement

I understand The Friendship Inn serves the needs of people. Therefore, I agree to maintain confidentially in all matters relating to staff or clientele. I understand that everything that happens at The Friendship Inn is confidential and I am not to repeat names or specific situation that happen at The Friendship Inn to anyone outside of the workplace. I will always have the best interest of The Friendship Inn in mind. I may, on occasion, tell a story about something that happened at the Inn, but no names are to be used outside of The Friendship Inn. Failure to comply with this agreement is reason for dismissal from the volunteer program.

Removal of Goods

No food or goods are to be given away to staff, volunteers and/ or fine-option participants without consent from the Executive Director or Kitchen Manager. All items donated to or purchased by The Friendship Inn are property of The Friendship Inn. All staff are responsible to ensure that no volunteers or fine-option participants take items belonging to The Friendship Inn and incidents of theft must be reported to the Executive Director immediately. The Executive Director may, at her discretion, allow staff to take items not needed by The Friendship Inn. Surveillance cameras are located throughout the building and are monitored on a 24-hour basis. Any volunteers caught stealing will be immediately banned from the volunteer program.

Photo and Social Media Authorization

I hereby grant The Friendship Inn the right to take and use the photograph(s)/video taken by staff and/or media for the general purpose of promotion. I hereby grant permission to use appropriate work related images on Friendship Inn's Twitter, Facebook and Instagram pages. These photos/images/videos will be used strictly for the purpose of showing the daily activities that occur at the Friendship Inn to promote/encourage donor support.

I have read and understand the above policies.

Name: _____

Signature: _____

Date: _____