

Youth Volunteer Application

Name: _____ Date: _____
Address: _____ Telephone (#1): _____
Postal Code: _____ Telephone (#2): _____
Email: _____
School: _____ Grade: _____

How did you hear about volunteering at the Friendship Inn? _____

Have you volunteered at the Friendship Inn before? _____

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

Briefly describe your skills or 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

Emergency Contact:

Name: _____

Relationship to you: _____

Telephone: _____

Cell: _____

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 confidentiality 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.
- The Executive Director may, at his/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: _____



*619 20th Street West
Saskatoon SK S7M 0X8
Phone: (306) 242-5122
Fax: (306) 242-1291
Email: friendshipinn.volunteer@shaw.ca*