



Giving
Hope
Today

Volunteer Application

Your answers for the following questions will not necessarily disqualify you from involvement with The Salvation Army Gateway of Hope. In fact some answers will provide valuable reference when connecting you within the Gateway of Hope.

GENERAL INFORMATION

Name: _____ Email: _____ Date of birth: _____
mm / dd / yyyy

Address: _____ City: _____ Prov: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Best times to reach you at home: _____ May we call you at work? Yes No

Describe briefly your employment history. (note form, include year, use back of page)

Do you have a professional expertise? _____

Why are you interested in volunteering with Gateway of Hope? _____

What/or who directed you to Gateway of Hope? _____

What departments are you interested in volunteering? _____

Foodservices: Kitchen – Sorting, Dishwashing, Food Prep Driver

Days I am available _____

Times I am available _____

For the following questions, **use the back of the paper when necessary**. As well, please feel free to use a point form answer as long as they convey what you think is important to your answer.

COURSE FULFILMENT INFORMATION

Are you a student seeking to volunteer as part of an internship or practicum for an educational program? If so, please describe the nature of the program (field of study, courses taken, etc). If not please skip to BACKGROUND information on the next page.

What duties must you fulfill in order to satisfy the requirements of your program?

How many hours per week does your program require you to volunteer?

Confidential

Please indicate the name and number of a professor who oversees your internship/practicum.

What are your vocational goals? Would volunteering at the Gateway of Hope serve as relevant experience for your desired field of work?

BACKGROUND INFORMATION

We may require a criminal record check to be completed by your local police department and sent directly to Gateway of Hope HR department. (form attached)

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?

Yes No

Have you ever been accused or convicted of possession/sales of controlled substances?

Yes No

Have you been arrested or convicted for any criminal act more serious than a traffic violation?

Yes No

Have you ever gone through treatment for alcohol or drug abuse?

Yes No

The following are three areas of interest (or hobbies):

1: _____

2: _____

3: _____

The following are my character strengths:

1: _____

2: _____

3: _____

The following are my areas of weakness:

If I could design a specific way to serve God around my personality, and I knew it couldn't fail, it might be:

Confidential

REFERENCE

List one adult you've known for at least one year, who is not related to you and has a definite knowledge of your character and ability in ministry. (such as a friend, neighbor, small group leader, pastor, professor, etc.) We may contact this person by telephone.

Name: _____ Occupation: _____

Nature of association: _____ Length of time known: _____

Home Phone: _____ Work Phone: _____

OFFICE USE

Human Resource : _____

Human Resource Signature: _____

Volunteer level : General 1 2 3

Job Description : _____

Department : _____

Department Head : _____

Department Head Signature: _____

WAIVER/RELEASE

I, the undersigned, give my authorization to The Salvation Army Gateway of Hope representatives – hereafter referred to as Gateway of Hope – to verify the information on this form. Gateway of Hope may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability for involvement within the Gateway of Hope ministry. I am willing to request and submit to Gateway of Hope’s background checks on myself from the RCMP.

I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I agree to be bound by the policies of Gateway of Hope, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of Gateway of Hope. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this form, I state that all of the information given to the best of my knowledge is true.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement which I have read and understand.

Signature

Print Name

Date

Confidential

These two forms must be given to your local police. (see attached/following pages)

1. RCMP GRC 3584e (Criminal Record check)
2. RCMP GRC 3923e (Vulnerable persons)

Once completed, the Police Department will forward them directly by mail to:

The Salvation Army Gateway of Hope
108 20218 Fraser Highway, Langley, BC V3A 4E6
[soon to be 5787 Langley Bypass, Langley, BC]

Attention: Human Resources



This volunteer position with the Gateway of Hope requires a CRC be completed and returned to Human Resources in our office. Thank-you law enforcement officer for your help!



CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

PART 1 IF COMPLETED MANUALLY, PLEASE PRINT

Surname	Given name (1)	Given name (2)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Tel. no. (incl. area code)
Address (no., street, apt.)		City	Province	Postal code
Date of birth (yyyy-mm-d)	Place of birth	Driver's licence no.	Usual first name or alias	Maiden name/Any other Surname
Previous address if less than 5 years at current address Address (no., street, apt.)		City	Province	Postal code

PART 2
Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name	Title	Name of organization
Address (no., street, apt.)		City Province Postal code

PART 3
WAIVER AND RELEASE
I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4
This consent is valid for a period of three months from the date of signature.
Signed this _____ day of _____ Signature of applicant _____

PART 5
Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. **A record may or may not exist. For the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

**INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
1200 Vanier Parkway
OTTAWA, ONTARIO K1A 0R2**

YOUNG OFFENDER INFORMATION - The Youth Criminal Justice Act/Young Offenders Act make it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information MUST be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

- INSTRUCTION TO REQUESTERS:** The following section contains varying degrees of police information.
- Confirm with the party identified in PART 2, the exact information they require.
 - Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
 - The party identified in PART 2 will be advised accordingly of negative checks.
 - Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
 - You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
 - You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.		Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. RCMP: Make CPIC Criminal Record "LEVEL 1" Query ONLY.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
2.		Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
3.		Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.		Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC, PROS, PRIME, LEIP) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. RCMP: Make Persons Queries on PIRS, CPIC, PROS, PRIME and LEIP. In view of the general nature of this information, confirm with requester this is in fact information pertaining to him/her. Requesters MUST confirm information which pertains to them prior to disclosure. If a discrepancy exists, do not disclose this information.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist

COMPLETED BY

Member (signature)	Reg. no.	Unit	Date
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RCMP GRC 3584e (2006-03)



CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Identification of the Applicant

Surname Given Name(s) Sex
Male Female

Date of Birth (Y-M-D) Place of Birth Current Address

Previous addresses, if any, within the last 5 years

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position Name of the person or organization

Details regarding the children or vulnerable person(s)

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant

Date (Y-M-D)

A National Police Service of the
Royal Canadian Mounted Police