

# **VOLUNTEER APPLICATION: SPECIAL EVENTS**

10 Delaware Avenue, Hamilton, Ontario L8M 1T3  
Tel: 905 528 6565 ext. 3333  
Email: [mfox@gsch.ca](mailto:mfox@gsch.ca)



If you are interested in occasional event volunteering with Good Shepherd, please fill out the application below and email it to [mfox@gsch.ca](mailto:mfox@gsch.ca) or by mail at the address above.

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_
2. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Why would you like to volunteer with events at Good Shepherd? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever used the services or programs of Good Shepherd? Yes ☐ No ☐  
If so, where? \_\_\_\_\_ When? \_\_\_\_\_
5. Please check your age category below. Please note that some volunteer positions are for 18+ years of age.  

Are you 14 - 17 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you 19 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. When can you volunteer?  

Daytime	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evenings (after 6 p.m.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weekends (days, evenings)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Which events are you most interested in? \_\_\_\_\_
8. Vaccination Status  
In order to strengthen and promote health protection to patients/clients/staff and members of the public attending in our facilities, offers of volunteer status will be conditional on furnishing proof of Covid-19 vaccination (all recommended doses) from the Ontario Ministry of Health website or other authorized source and volunteering shall not take effect until after such proof is furnished to the Volunteer Department. In the event that a prospective volunteer is unable to be vaccinated as a result of a ground protected under the *Human Rights Code*, applicants may submit a written explanation of the ground and any supporting documentation to determine if they are exempt from this requirement.  
  
Are you able to comply to the above requirement, with the noted exceptions? Yes ☐ No ☐



Good Shepherd  
Faith in people.

### Declaration of Accuracy of Information and release of Information authorization

TO WHOM IT MAY CONCERN:

I hereby, certify that the facts set forth in the above Volunteer Application are true and complete to the best of my knowledge. I understand that if placed, falsified statements on this Application Form may disqualify me from my volunteer involvement or become just cause for my dismissal and there shall not be any claims made against Good Shepherd or any further legal obligation placed on Good Shepherd as a result of having taken such action. This further authorizes Good Shepherd to make any inquiries usually required to determine my suitability for volunteer placement as well as to contact any references and/or others to release to Good Shepherd any information which will assist Good Shepherd to determine my suitability for volunteer placement. I acknowledge and accept that this application does not guarantee acceptance into the program, and that Good Shepherd is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Signature of parent/guardian (if under 16) \_\_\_\_\_

### Volunteer Permission and Release Form

I hereby authorize Good Shepherd to contact any or all of the references submitted for the purposes of processing my application to become a volunteer at one of the Good Shepherd Centres. I understand that these references will be contacted in confidence. I hereby waive the right to request disclosure of the personal references given about me. Good Shepherd reserves the right to request more references.

I further authorize the Police Department to release information to Good Shepherd in order to consider my application to volunteer in the programs of Good Shepherd, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Good Shepherd is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I hereby release and forever discharge Good Shepherd, and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with Good Shepherd.

I give permission to the Good Shepherd Volunteer Department to release pertinent information regarding my file to the Director or Program Coordinator/Supervisor of the program to which I am applying to in order to be considered for acceptance into the program.

I understand this application and subsequent information in my file is the property of Good Shepherd.

I understand the implications of this waiver and consent to them. I further agree that this waiver is made of my own free will and without duress.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date