

Municipal Corporation of the Township of Killaloe, Hagarty and Richards

By-Law # 27-2011

Being a by-law to amend By-Law #45-2010, being a by-law with respect to the establishment of a Volunteer Policy for volunteers of the Township of Killaloe, Hagarty and Richards;

WHEREAS the Municipality of the Township of Killaloe, Hagarty and Richards has, pursuant to the Municipal Act, 2001, Sections 8, 9, 10, the powers of a natural person to govern the affairs of the municipality as they consider appropriate;

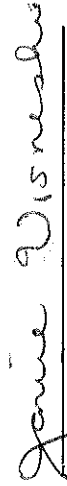
AND WHEREAS the Council for the Corporation of the Township of Killaloe, Hagarty and Richards deems it necessary and advisable to establish and adopt a Volunteer Policy

NOW THEREFORE the Council for the Township of Killaloe, Hagarty and Richards enacts as follows:

1. That the Volunteer Policy Manual for the Corporation of the Township of Killaloe, Hagarty and Richards attached hereto as Schedule "A" as amended, be, and the same is hereby adopted.
2. That this by-law shall not be interpreted to contradict or violate any statute or regulation of the Province of Ontario.
3. That this by-law shall come into force and take effect immediately upon final reading thereof.

Read a first and second time this 5th day of July, 2011.

Read a third time and finally passed this 5th day of July, 2011.



Mayor



CAO/Clerk-Treasurer



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VOLUNTEER POLICY TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS

Philosophy of Involvement:

The Township of Killaloe, Hagarty and Richards maintains a volunteer program that serves to complement and enhance the work of paid staff, and is intended to provide strong, sustainable programs and activities that bring people of all ages and interests together, and provides an atmosphere of inclusion, participation and interaction for both volunteers and program participants.

Policy Statement:

The Township of Killaloe, Hagarty and Richards relies on volunteers to further the mission of the organization. The municipality recognizes and appreciates the value of its volunteers, and will utilize their skills and input to further the municipality's goal of creating a viable, and inclusive sustainable community.

Volunteers have a right to:

- Work that is meaningful and satisfying to them
- Proper orientation and/or training to enable them to complete their tasks
- The opportunity to be heard, to make suggestions and to be respected
- The opportunity to decline a suggested placement
- Recognition for work done as a volunteer
- Fulfill their tasks in a safe environment

Volunteers are expected to:

- Work as a team member with staff and other volunteers
- Be willing to learn and develop skills
- Be reliable in the performance of their duties, and perform their duties in a safe manner that meets the health and safety requirements of the municipality and other legislative authorities
- Conduct themselves with dignity and courtesy
- Respect the confidentiality of information
- Not represent themselves as municipal employees, but as volunteers for the Township of Killaloe, Hagarty and Richards
- Be respectful of council
- Be respectful of staff, other volunteers and program participants

Definition of Volunteer: Policy Statement

A volunteer is an individual or member of a group who freely and willingly contributes time, energy and support performing a defined task on behalf of an organization, without compensation or expectation of compensation other than for approved expenses incurred through volunteer activity, and excludes volunteer firefighters and employees of the Township of Killaloe, Hagarty and Richards. A volunteer must be officially accepted and enrolled by the municipality prior to performance of any task. The services of volunteers and staff complement each other and one should not replace the valued work of the other. Volunteers assigned to direct programs or working with committees or organizations affiliated with and approved by the Township of Killaloe, Hagarty and Richards, are covered by the Township of Killaloe, Hagarty and Richards against general

liability claims made by another person as a result of their volunteer work for the municipality.

Limited Exclusions: Although it is recognized that volunteer firefighters and employees of the Township of Killaloe, Hagarty and Richards may perform duties on a volunteer basis from time to time, for the purposes of this policy, the definition of volunteer in this policy does not include volunteer firefighters and employees for the Township of Killaloe, Hagarty and Richards, with the exception of the reference to provision of liability insurance when they are performing volunteer duties on behalf of the municipality on a volunteer basis.

The municipality also recognizes that in extraordinary/unusual circumstances the services of an unregistered volunteer(s) may be offered on an "as needed" or one-time basis, e.g. a participant in a program offers to assist in setting up tables, chairs, etc. This is acceptable on a case by case basis and the decision as to whether the offer of assistance is accepted will be the responsibility of the registered volunteer who is in charge of the activity. Their decision as to whether or not to allow the volunteer to participate shall be based on the level of risk to the volunteer as well as the level of risk to the participants of the program, which has been previously determined and assigned to the activity in the risk assessment evaluation.

Community Volunteers: Policy Statement

Community volunteers are those volunteers that are affiliated with organizations or groups that are independent from the municipality, but perform volunteer activities for the benefit of the community. The municipality has no direction or control over these volunteers, and the volunteers must have their own insurance coverage. To ensure due diligence on the part of the municipality, Community Volunteers will be required to sign a statement that they have participated in a volunteer screening process. If they have not participated in a screening process, they would have to complete the municipality's screening process to volunteer on behalf of the municipality.

Volunteer Screening: Policy Statement

Screening is an ongoing process designed to protect both participants and volunteers, and will include the following elements:

- 1 – Determining the Risk
- 2 - Application Form
- 3 - Interview process – based on level of risk
- 4 – Reference Checks - if applicable to position
- 5 – Police Record Checks – if applicable to position
- 6 – Participant follow-up/ongoing monitoring
- 7 – Position design & description
- 8 – Recruitment process
- 9 – Orientation and training
- 10- Supervision/evaluation

Application/Interview Process: Policy Statement

Volunteers will be selected using a predetermined process, which will consist of any or all of the following, with the exception of the exclusions outlined in the Exclusions Section of this Policy:

- Application Form
- Interview Process
- Reference Checks
- Consent for Criminal Record Search/Pardoned Sexual Offender Database Search

Reduction of Liability: Policy Statement

- The municipality will require a signed waiver from the volunteer, including those outlined in the Exclusions Section of this Policy.
- Vehicles, equipment, and/or tools that are not owned or leased by the township is not covered under the municipal insurance policy, and no compensation will be paid for loss or damages to same.

Human Rights Code: Policy Statement

The Township of Killaloe, Hagarty and Richards will adhere to the current Human Rights Code in regard to our work with volunteers.

Personal Information: Policy Statement

The following statement will be added to all hiring/screening/volunteer registration forms:

Personal information contained on this form is collected under the Authority of the Municipal Act 2001. This information is collected for the administration and management of the Township of Killaloe, Hagarty and Richards Volunteer Programmes. Questions about the collection and use of this information should be directed to the CAO/Clerk-Treasurer of the Township of Killaloe, Hagarty and Richards at 1 John Street, Box 39, Killaloe, ON K0J 2A0. (613) 757-2300.

Orientation and Training: Policy Statement

Volunteers must be given proper orientation to the position to which they have been assigned before beginning to work independently. This can be provided by either staff or volunteer supervisor, but it is the responsibility of the staff person to ensure that the orientation is carried out. Upon the request of the volunteer, a record of their volunteer hours will be kept and provided to them by their supervisor.

Supervision of Volunteers: Policy Statement

Supervision of volunteers will address the needs of the volunteer and the Township of Killaloe, Hagarty and Richards. Volunteers will have an identified supervisor who will be responsible for consultation, feedback, support and direction. A Volunteer File may contain:

- Volunteer Application/Registration Form
- Consent form to obtain Reference Checks and Police Records Check/Criminal Records Check
- Reference checks
- Copy of Police records check/criminal records check
- Position description with start and stop dates
- Training and orientation documentation
- Documentation that specifies supervisory staff and volunteer position
- Evaluation and feedback forms
- Other pertinent information which is deemed necessary to the volunteer position; e.g. copy of specific skills-related certificate

Volunteer Discipline and Dismissal: Policy Statement

By using tools such as the job description and the evaluation and feedback process, the Township of Killaloe, Hagarty and Richards will endeavour to ensure that volunteers are fully aware of the duties inherent to their work as a volunteer. The volunteer will receive proper training and orientation to assist them in this task, however, it is recognized that issues may arise from time to time that require disciplinary action on the part of the township. The following progressive disciplinary actions will be taken in these instances:

- A) Verbal Warning by Supervisor
- B) Written Warning from Council or Personnel Committee – The written warning will contain a statement advising that the volunteer has the option of addressing the issue with council.
- C) Suspension – Council
- D) Dismissal – Council

Immediate Dismissal: Policy Statement

The Township of Killaloe, Hagarty and Richards recognizes the need for immediate action in certain circumstances, where continuing involvement of the volunteer in an activity would put the volunteer, the township or the participants at risk. The following will result in the immediate dismissal of the volunteer:

- A. Stealing money or goods from the township or another volunteer or participant.
- B. Physically assaulting a client, family member, staff, another volunteer or councillor.
- C. Possession or use of alcohol or drugs while working as a volunteer for the municipality.
- D. Volunteering a service without the proper credentials.

Volunteer Recognition: Policy Statement

In appreciation for their valuable contributions to the township, the Township of Killaloe, Hagarty and Richards will endeavour to ensure that volunteers are recognized using methods such as recognition events, recognition items such as certificates, public acknowledgement in the local newspaper or a letter of thanks from the township.

Health & Safety: Policy Statement

The township will make every effort to ensure that orientation and training that is provided to the volunteer is sufficient to equip them to perform the duties inherent to the volunteer position to which they are assigned. If a volunteer becomes unable to perform the duties required by their volunteer position due to medical reasons, or if an existing medical condition changes with the result being that the volunteer is unable to perform the duties required by their volunteer position, they are required to notify the township in writing as soon as possible. If volunteers are active in more than one position, they will be screened for the position with the highest level of risk. If volunteers change positions, the township will ensure that the extent of the screening, training and orientation used for the previous position is appropriate to the new position.

Risk Assessment/Risk Management: Policy Statement

The level of risk associated with activities will be assigned a risk factor rating based on the following factors:

- the participant – elderly, young children, people with special needs
- the setting/environment – where is the activity taking place and what is the level of risk
- the nature of the activity – handling money, selling tickets

- the level of supervision – direct, indirect, onsite supervision
- the nature of the relationship between the volunteer and the participant

If it is determined that the risk of providing an activity is too great and the consequences too serious, the township has the option to eliminate the activity entirely, modify the activity so as to reduce the risk or mitigate the risk to the township by having a third party assume part or all of the liability for a specific activity. Positions will be grouped according to their level of risk.

- low risk: minimal or no contact with children, the elderly or those with special needs
- medium risk: personnel who work with children, the elderly or those with special needs, but are never alone with them
- high risk: personnel who have the opportunity to be alone with children, those with special needs or the elderly; personnel who are in a position to exert influence over participants in the program

Screening standards are based on the risk factor (i.e. for low risk positions everyone should complete an application form and periodically meet with their supervisor; for high risk positions, all of the screening steps should be followed)

To reduce risk in specific positions, the following safeguards will be implemented:

- in medium to high risk activities, volunteers will work in pairs
- where possible, an experienced person will work with a new volunteer

Students fulfilling their requirements for 40 community hours, or others assigned community service hours, are required to work under the direct supervision of a volunteer supervisor or township staff person.



TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS
Volunteer Application Form

Name: _____

Home Address: _____

Telephone No.: _____ (Home) _____ (Work)

E-Mail: _____

1. Why are you interested in volunteering with our municipality?

2. What skills, hobbies or interests might you share in your volunteer work with us?

3. Have you volunteered before? Please list previous experience:

4. Is there a particular kind of volunteer work that you would be interested in? What age group?
What setting? Do you tend to like to work alone or with others?

5. Do you have transportation?

Time Availability: ____ Day ____ Evening ____ Weekends

Number of Hours Available: Week ____ Month ____

I certify that the information provided in this form is true and complete, and give the organization permission to verify any information provided. I agree to undergo the required screening procedures for potential volunteers.

Signature:.....Date:.....



TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS

Volunteer Registration Form

Name: _____

Home Address: _____

Telephone No.: _____

Alternate No.: _____

Emergency Contact: _____

Emergency Contact Information:

Name: _____ Relationship _____

Address: _____

Phone: _____ Work: _____

1. What interests you in applying for a volunteer position with our municipality?
(i.e. to do something good for the community, to be with other people, to learn new skills, to have a say in what is happening?)
2. Do you have any medical or physical condition(s) that could affect your ability to fulfill the requirements of this volunteer position? Yes _____ No _____
If yes, please explain in general terms:
(If medical condition changes such that it would affect your volunteer placement, you are required to notify the township in writing.)
3. Have you volunteered before? If so, for what organization and in what capacity?
4. What type of volunteer position are you looking for? What age group? What setting? Do you tend to like to work alone or with others?

Number of Hours Available per Month: am _____ pm _____

Photo ID Received: _____

Volunteer Registration Form Cont'd

References: Name and Phone Number (Non-Relatives Only):

Name: _____

Contact Number: _____

Name: _____

Contact Number: _____

I understand and agree that:

- I will not be paid for my volunteer work.
- I must adhere to Townships policies, guidelines and procedures, as well as the laws of Ontario and Canada.
- I will be covered under the Township's liability insurance.
- I will not be covered under the Township's health benefits program.
- I will not be covered under the Township's WSIB coverage.

I, _____ acknowledge that I am over _____ the age of 18 and will provide services to the Township of Killaloe, Hagarty and Richards on a volunteer basis.

Signature _____

Date _____

I _____ acknowledge that a current Personal Police Check/Sexual Offender Database Check/Vulnerable Persons Database Check (within the past 12 months) is required.

Signature _____

Date _____

VOLUNTEER WAIVER:

I agree to release and discharge the Township of Killaloe, Hagarty and Richards from and against all claims and proceedings in respect of any damages or injury sustained by myself arising by reason of my provision of these services as a volunteer for the Township of Killaloe, Hagarty and Richards.

Signature of Volunteer _____

Date _____

To be signed by parent/guardian if volunteer is under the age of 18.

Signature of Parent/Guardian _____

Date _____

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REFERENCE CHECK AUTHORIZATION FORM

I hereby authorize appropriate staff from the Township of Killaloe, Hagarty and Richards to conduct a reference check of the references that I have provided on my Volunteer Registration Form.

Name (Please Print)

Signature

Date Signed

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**Volunteer/Applicant Screening Process
Consent to Disclosure
of Personal Information**

Note: This form to be used to assist the agency to determine the suitability of successful candidates for either full or part time employment and/or volunteer duties having direct contact with children or vulnerable persons.

Applicant Information

Surname		Given Names	
Maiden Name or Other Names used (if applicable)			
Place of Birth			
YY	D.O.B. MM	DD	Sex
Address: Number		Area	Telephone (Res.)
Street		City/Town/Municipality	
Apt./Unit		Postal Code	

Previous addresses for the last five years (If insufficient room, attach a separate sheet.)

Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence
Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence
Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence
Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence
Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence
Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence

(Please read carefully.)

I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfill the requirements of the volunteer/applicant screening process. This consent is given pursuant to s.42(b) of the *Freedom of Information and Protection of Privacy Act*.

Name	Title
Name of Organization	

The *Criminal Records Act*, provides for additional information to be provided to a person or organization responsible for the well-being of one or more children or vulnerable persons. I am an applicant for a paid or volunteer position with such a person or organization, as defined by the *Criminal Records Act*, as described below:

Description of the paid or volunteer position:
Name of this person or organization:
Title:
Details regarding the child(ren) or vulnerable person(s):

Therefore, pursuant to a request by the above person or organization, I hereby consent to a search of the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the offences listed in the schedule to the *Criminal Records Act*. I understand that pursuant to this consent, if I am determined to be the person named in a criminal record as described above, that record may be disclosed to the Ontario Provincial Police (OPP) and the OPP will then disclose that information to me and to the person or organization referred to above.

Release and Discharge

I hereby release and forever discharges Her Majesty the Queen in right of Ontario, the Commissioner of the Ontario Provincial Police and all members and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the OPP.

Signature of Applicant	Date
Signature - Organization Witness	
Identification verified by	



Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person except as provided above.

The information provided is based on a name check only and having a birth date as provided above.

- Fails to reveal any record relating to the above subject
- Indicates the following information may relate to the above subject

OPP AUTHORIZING SIGNATURE



1 John Street, P.O. Box 39
 Killaloe, ON K0J 2A0
 Telephone: (613)757-2300 – Fax: (613)757-3634
 email: khr@on.aibn.com Web Site: killaloe-hagarty-richards.ca

**Ontario Provincial Police Agency Letter
 Request to Check Pardoned Sexual Offender Database
 (Must accompany completed consent to disclosure of Personal Information – Form LE220E)**

Date: _____

RE: Police Record Check

As the authorized representative of a person or organization that is responsible for the well-being of one or more children or vulnerable persons as defined in Section 6.3(1) of the Criminal Records Act (Act), I hereby request that the Ontario Provincial Police

- _____ Conduct a search
- _____ Do not conduct a search

Name and Position with Organization: _____

Signature: _____ Date: _____

TO BE FILLED OUT BY THE VOLUNTEER APPLICANT:

Pursuant to s.6.3 of the Act with respect to the following individual(s) and/or position(s):

Detailed Description of Position: _____

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED. (Not applicable for persons under 21 yrs)

I consent to the Ontario Provincial Police searching the automated criminal conviction records retrieval system maintained by the Royal Canadian Mounted Police (RCMP) to determine whether I have been convicted of a sexual offence listed in the Schedule to the *Criminal Records Act*, for which a pardon has been granted or issued. I understand that, if a check indicates a possible match between me and a person with a pardoned sexual offence, the Ontario Provincial Police must verify the match to either confirm or exclude me, and will ask me to attend for fingerprinting. If I choose not to provide fingerprints, the Ontario Provincial Police will not issue a Vulnerable Sector Screening Check response letter. I understand that if I do provide fingerprints and my fingerprints match those of the pardoned sexual offender, then in accordance with the *Criminal Records Act*,

- i) The Ontario Provincial Police will request the Commissioner of the RCMP to provide the record to the Minister of Public Safety;
 - ii) the Minister may disclose all or part of the information contained in the record to the Ontario Provincial Police; and if so,
 - iii) the Ontario Provincial Police is required to disclose the information to the person or organization requiring this Vulnerable Sector Screening Check.
- I understand that I have the right to refuse consent for a Vulnerable Sector Screening Check. I consent to the Ontario Provincial Police conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Screening Check. I certify by affixing my signature below that I have read this form and that I consent to the Ontario Provincial Police conducting a Vulnerable Sector Screening Check of myself in accordance with the terms and conditions set out in this form.

Applicant's Signature: _____ Date: _____



New Volunteer Position Risk Management Form

Job Position: _____ Date: _____

Staff Evaluating This Position: _____

These questions should be asked for any new volunteer position to determine the level of the risk and screening:

1. What are the potential risks, i.e. to the volunteer, to the participant, to the township?
2. How likely is it that the potential risks will occur? (not likely, possible, probably)
3. What would be the consequences of something happening?
4. Can we accomplish our purpose if we eliminate this activity?
5. How can we modify the risk?
6. Is there a way to transfer the risk?
7. Can we assume the risk?

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Rating Risk

Position: _____

Legend: 1-Least Risk 10-Most Risk

Position	1	2	3	4	5	6	7	8	9	10	Risk
Participant											
Environment											
Activity											
Supervision											
Nature of Relationship											

Participant: elderly, young children, special needs?

Setting/Environment: where is the activity taking place and what is the level of risk?

Nature of Activity: handling money, selling tickets

Level of Supervision: supervision of activity lowers the risk

Nature of Relationship: position of trust (coaching)



OATH OF CONFIDENTIALITY

I _____ hereby undertake as part of the condition of my volunteer role to keep in strict confidence any information concerning the participants of _____ (Organization)

I will only engage in discussion of cases or clients within or outside of _____ on a need to know basis as required for the (Organization) appropriate conduct of the _____ (Organization)

I also undertake that I will never remove any confidential material of any kind, from the premises of the establishment unless under express instruction to do so.

Date: _____

Signature of volunteer: _____

Signature of witness: _____

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LETTER OF AGREEMENT

Dear _____
Name of volunteer

Thank you for choosing _____ for your volunteer
(Organization) service.

We look forward to you helping us with _____ as
(Program) _____
(Position title)

By signing this letter you agree to (List of duties based on Position Description)

You will begin your assignment on _____ and continue for as long as we mutually wish to maintain the relationship. You have indicated that you can spend approximately _____ hours per week on these activities. We hope you will enjoy your volunteer activities with the Township of Killaloe, Hagartry and Richards.

For Organization _____
Date

Signature of Volunteer _____
Date

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Name
Address
Postal Code
Date

Miss/Mr./Mrs.

Thank you for applying for a position as a volunteer with the Township of Killaloe, Hagarth and Richards. At this time we are unable to find a position for you in the organization that is suitable to your interests and qualifications as set out in your application and registration.

We thank you once again for considering a volunteer position with the Township of Killaloe, Hagarth and Richards.

Sincerely,



Volunteer Position Description

POSITION TITLE:

LOCATION:

REPORTS TO:

POSITIONAL SUMMARY:

QUALIFICATIONS AND SKILLS:

APPROXIMATE TIME COMMITMENT:

RESPONSIBILITIES:

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Interview Questions:

State your name and role you have with the organization, keep in mind this may be the first contact that the individual may have with the organization.

Why have you chosen this position as (see application form)?

If says on your application form that you have volunteered as (position) for (name of previous organization), please tell me about that experience?

What are the reasons motivating you to be a volunteer in Killaloe, Hagarty and Richards?

Why do you think you are the best candidate?

Are you aware that we will be contacting your references?

Are you aware that Killaloe, Hagarty and Richards has a recruitment policy which includes a police records check?

Volunteer Evaluation Form

Name: _____ Position: _____

Organization: _____

Please rate the following: 1= Weak 2= Adequate 3=Good 4=Very good 5= Excellent

1. Knowledge of the activity 1 2 3 4 5
2. Ability to plan and organize the activity 1 2 3 4 5
3. Ability to communicate with participants and other volunteers 1 2 3 4 5
4. Rate the volunteer's commitment to the activity 1 2 3 4 5
5. Rate the volunteer's control over the activity 1 2 3 4 5
6. Rate the volunteer's patience 1 2 3 4 5

7. Did the volunteer treat all participants equally Yes / No

8. Any other comments?
