

VISION: People empowered through opportunities and supports to realize their dreams.
MISSION: Journeying together, we create opportunities to support people with developmental disabilities to realize their citizenship and aspirations.

VOLUNTEER BOARD MEMBER APPLICATION FORM

As a volunteer Board Member, you will play an integral role in the continued success of Community Living Cambridge. Selecting Board Members is a very important process. Therefore, we will need to know some details about you. Completing this application will help with this process.

Personal Data

Last Name	First Name	Middle Name
Address	E-mail	Home and/or Cell Phone #
City	Province Postal Code	Business Phone Number
Employer/School Attending	Occupation/Course of Study	Date of Birth (MM/DD/YY)

Volunteer Information

List any special skills, interests training or hobbies: _____

How did you come to be interested in the Community Living Cambridge Agency, and what interests you in seeking nomination to the Board? _____

Have you ever been involved with Community Living Cambridge in the past? If so, please describe: _____

Please describe any current or past employment and/or volunteer experiences that may relate to a position on the Board: _____

Do you have any specific skills (business, legal, marketing, personnel, fundraising, etc.) that you wish to contribute to the Board and to Community Living Cambridge? Please describe:

Do you have previous experience with any of the following or other related experiences?

a.) Serving on a Board of Directors (more than 6 months): **Yes** **No**

Organization: _____
Dates involved: _____

b.) Serving on a committee (more than 6 months): **Yes** **No**

Organization: _____
Dates involved: _____

c.) Serving on an advisory group (more than 6 months): **Yes** **No**

Organization: _____
Dates involved: _____

Describe any other related experience you may have: _____

The Board of Directors acts as a team in handling complex issues and decisions. How would you handle differences of opinion with board members, committee members or staff? Please describe:

Board Members at Community Living Cambridge are encouraged to sit on one other Committee in addition to attending the Board meetings. Which of the following committees would most interest you?

- Fundraising: **Yes** **No**
 Programs: **Yes** **No**
 Finance: **Yes** **No**
 Human Resources: **Yes** **No**

From our experience, Board Members spend approximately 6 – 8 hours per month on Board and committee work (2 hours for board meeting, 1 – 2 hours committee work, plus possible other activities). Are you currently able to make this commitment of time? **Yes** **No**

Screening

Prospective Board Members are requested to supply three character references, which are not family members, as well as undergo a Police Records.

Would you be willing to complete a Vulnerable Sector-Police records check? Yes No

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

Do you have a valid driver's license? Yes No

Do you have a car or access to a car? Yes No

If your volunteer services with CLC involves transporting persons in your car. It is advisable that you notify your insurance company of this fact. On behalf of Community Living Cambridge we recommend a minimum of \$1,000,000 insurance.

Yes I have coverage No I do not I will not be using my vehicle

References

Please provide the names of persons who can supply information pertinent to your work/volunteer performance, *excluding immediate family.*

REFERENCE INFORMATION	
1. Name:	Relationship:
Address:	Phone Number:
2. Name:	Relationship:
Address:	Phone Number:
3. Name:	Relationship:
Address:	Phone Number:

I hereby authorize any individual, company or institution to provide Community Living Cambridge with any information they may have concerning my work/volunteer performance, and I do hereby release such individual, company or institution from any or all liability by reason of providing such information. *(Please sign below, to provide permission for Community Living Cambridge to contact your references.)*

Date: _____ Volunteer Applicant Signature: _____

Emergency Contact

In case of an emergency while you are volunteering, who should be contacted?

Name:	Address:
Relationship:	Phone Number

Do you have any allergies, physical limitations, special needs, medical or health conditions that CLC staff should be aware of?

Yes No Please specify:

AUTHORIZATION FOR PUBLICITY RELEASE

I, _____ GIVE MY FULL CONSENT FOR USE OF ANY PICTURES/SLIDES/VIDEO TAPE OF THE BELOW-LISTED INDIVIDUAL, FOR THE PURPOSE OF PUBLIC EDUCATION, VOLUNTEER RECRUITMENT OR PUBLICITY ARRANGED BY COMMUNITY LIVING CAMBRIDGE.

SIGNED & WITNESSED THIS _____ DAY OF _____, _____ (year)

SIGNATURE OF INDIVIDUAL: _____

WITNESSED BY: _____ SIGNATURE OF WITNESS:

(Please Print)

VOLUNTEER AGREEMENT/RELEASE AND WAIVER FORM

I _____ (print full name), in applying to perform duties for Community Living Cambridge as a volunteer fully understand and agree to the following:

- 1) That I will not be participating in volunteer activities in the capacity of a CLC employee or independent contractor.
- 2) That I will not receive any remuneration, salary, wage or payment or any employee benefit whatsoever, or be covered by the *Workplace Safety and Insurance Act, 1997, S.O. 1997, Chapter 16, Sch. A.*
- 3) That except as authorized, I will not use CLC facilities and equipment or divulge or make any use of confidential information.
- 4) That I will immediately notify the appropriate CLC supervisor of any incident that involves personal injury or property damage during my volunteer duties.
- 5) That either CLC or I myself may terminate my volunteer activities at any time.
- 6) I acknowledge that volunteer activity may involve personal risk of damage or injury. Notwithstanding this acknowledgement, I hereby release CLC employees from all claims for damage or injury to myself resulting from my participation as a volunteer, unless such damage or injury is caused solely by the gross negligence of CLC.
- 7) I will inform CLC should my status regarding my driver's license/criminal record change.

By signing this form, I acknowledge having read, understood and agreed to the above conditions, release and waivers, for the volunteer Board Member role that I am assigned and agree to perform for CLC.

Applicant Signature

Date

Witness Signature

Date

Note: This form must be completed and signed by the volunteer, before being accepted by Community Living Cambridge.

CONFIDENTIALITY FORM

DUE TO THE NATURE OF THE WORK OF THE BOARD OF DIRECTORS OF COMMUNITY LIVING CAMBRIDGE AND THE LEVEL OF CONFIDENTIAL INFORMATION THAT IS DISCUSSED RELATIVE TO THE BUSINESS OF THE AGENCY, IT IS ESSENTIAL THAT SUCH INFORMATION BE KEPT IN STRICT CONFIDENCE.

UNDERSTANDING THE NEED TO MAINTAIN CONFIDENCE REGARDING THE BUSINESS OF THE AGENCY AND ANY PERSONS INVOLVED, I HEREBY PLEDGE THAT I SHALL RESPECT THE LEVEL OF PRIVACY AND SECURITY IN MANAGING AND DISCUSSING THE BUSINESS OF COMMUNITY LIVING CAMBRIDGE. I UNDERSTAND THAT BREECHING THIS, I MAY BE ASKED TO STEP DOWN FROM MY POSITION AS A DIRECTOR.

NAME: _____
(Please print)

SIGNATURE OF INDIVIDUAL: _____

SIGNED & WITNESSED THIS _____ **DAY OF** _____, _____ **(YEAR)**

WITNESSED BY: _____ **SIGNATURE OF WITNESS:** _____
(Please print)