



Volunteer Application Form

Kla-how-eya Aboriginal Centre of SACS

13629 108th Avenue, Surrey, BC V3T 2K4 Phone: 604-584-2008 Fax: 604-588-1850

Personal Information

Family Name _____ Given Name _____

Address _____ City _____ Postal Code _____

Contact Phone _____ Work Phone _____

E-mail _____ Nation _____

May we phone you at work? Yes No

Please check one: Child (1-13) Youth (14-29) Adult (30-55) Elder (56+)

Background

Have you had any previous volunteer experience? Yes No

If yes, where? _____

What do you hope to gain through your volunteer experience with Kla-how-eya?

Is there anything else you would like us to know when we consider your volunteer application?

A criminal record check is required to volunteer for Kla-how-eya

Criminal Records check submitted and on file at Kla-how-eya

Relevant Skills

*Please circle and add name

Cultural/ Traditional: Drumming Carving Singing Dancing Languages Storytelling Beading
Medicine Wheel Teaching Basket Making Herbal Medicine Other: _____

Fundraising: Donating Making Crafts Selling: 1) Raffle Tickets 2) Event Tickets Other _____

Events Support: PowWow, Gala, Other: _____

Certificate or Life Skill Teaching: First Aid Drivers License Food Safe Life Skills Resume Writing
Other: _____

Office/Computer: Organizational Skills Technical Knowledge Filing Other: _____

Activities: Cooking Gardening Knitting Quilting Other: _____

Availability

	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>	<u>Anytime</u>
Monday _____	—	—	—	—
Tuesday _____	—	—	—	—
Wednesday _____	—	—	—	—
Thursday _____	—	—	—	—
Friday _____	—	—	—	—
Saturday _____	—	—	—	—
Sunday _____	—	—	—	—



Kla-how-eya Aboriginal Centre of SACS Confidentiality

Kla-how-eya Aboriginal Centre recognizes that the clients have the right to privacy and confidentiality in relation to the services provided by this organization. All information relating to a client must be treated as confidential, whether, written, verbal or in another form. "Confidentiality," as outlined in this document, means that staff, membership, volunteers, board members of the society will not disclose any information received from a client using the services of Kla-how-eya, unless given permission to do so in the manner outlined below. Or use information in such a manner as to discredit Kla-how-eya as an organization.

Kla-how-eya Aboriginal Centre acknowledges that:

1. Staff, volunteers and members of Kla-how-eya respect the confidentiality of any information relating to individual personnel records or volunteer files.
2. Clients of Kla-how-eya have the right to have all personal information they choose to share with volunteers, staff, members or others held in strict confidence. Staff will respect this confidentiality, but may share essential information with other staff involved in the continued care of the clients. (i.e. for providing better service, or for the safety of the client)
3. Clients have the right to see any personal information recorded on file pertaining to them and their use of services.
4. Personal information about Kla-how-eya clients may be released upon a court order or as required by law.
5. Personal information about Kla-how-eya clients may be shared with other service providers only upon written authorization of the Kla-how-eya clients. (i.e. on a release of information form)
6. Staff, volunteer, members and board members will not disclose the names of, or information pertaining to Kla-how-eya members to any person not also affiliated with Kla-how-eya, unless they obtain the specific prior written or verbal consent of the individual involved.
7. Examples coming from individual experiences for the purpose of public education, training, or research may be used as long as the identities of these individuals are protected. Names may not be disclosed in these circumstances unless prior consent is obtained from that individual.

I have read Kla-how-eya Confidentiality Policy as stated above. I understand and agree to its terms. I understand and agree that in my involvement with Kla-how-eya, I must hold information pertaining to members and Kla-how-eya business in the strictness of confidence. Furthermore, I understand and agree that intentional or involuntary of this confidentiality may result in termination of my association with Kla-how-eya Aboriginal Centre.

Signature: _____

Date: _____

Witness: _____

Assigned to: _____