

Volunteer Application Package



Welcome Volunteers,

The City of St. John's would like to welcome you and thank you for your interest in volunteering with us. Included in your Volunteer Application Package you will find the following documents:

1. **City of St. John's, Volunteer Application Form**
2. **RNC Wavier Letter** – Provide this letter when applying to Royal Newfoundland Constabulary Headquarters and there will be no fee for your Code of Conduct and Vulnerable Sector Checks. Without presenting this letter there will be a \$20.00 fee.
3. **RNC Code of Conduct and Vulnerable Sector Check Applications** – Please note that in-person applications and payments are not possible at this time as counter service at the Central Cashiers Office has been suspended due to COVID-19. Applications can be processed online. Applications will be processed within 15 business days.

It is important that all documents are completed as soon as possible as these documents must be on file before you can begin your volunteer experience with us.

Completed Application Forms can be submitted through one of the following options:

- Drop off in person at the Paul Reynolds Community Centre front desk, 35 Carrick Drive.
- Email volunteer@stjohns.ca
- Mail to:
City of St. John's
Dept. of Community Services
Paul Reynolds Community Centre
P.O Box 908
St. John's, NL A1C 5M2

Your application will then be processed, and you will be contacted regarding volunteer opportunities available. Once again, thank you for offering your time and talent to City of St. John's services.

For further information, please feel free to contact volunteer@stjohns.ca.

ST. JOHN'S

 <p>PLEASE PRINT</p>	CS- Volunteer Application	Community Service
<h2 style="margin: 0;">VOLUNTEER APPLICATION</h2> <p style="margin: 0;">(If under 19 years, completed by parent/guardian)</p>		

Contact Information	SECTION 1
Last Name: _____ First Name: _____ Initial: _____ Date of Birth (YY/MM/DD): _____ Age Category (If 19 years or over): <input type="checkbox"/> 16 to 18 <input type="checkbox"/> 19 to 30 <input type="checkbox"/> 31 to 40 <input type="checkbox"/> 41 to 50 <input type="checkbox"/> 51 to 60 <input type="checkbox"/> 61 to 70 <input type="checkbox"/> 71 to 81 Address: _____ Postal Code: _____ Home Phone: _____ Cell Phone: _____ Business Phone: _____ Email: _____	

Medical Information	SECTION 2
Do you have any special needs/requirements that staff should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ Do you require inclusion support for your volunteerism? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list all medical information (including allergies and disorders) which may impact volunteering while engaged in any of our services: _____	

References	SECTION 3																																
Please list three references. If possible, two of these must be previous employers.																																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;"><u>Reference # 1</u></th> <th style="width: 33%; text-align: center;"><u>Reference # 2</u></th> <th style="width: 33%; text-align: center;"><u>Reference # 3</u></th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Position:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Relation to Participant:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Home Phone:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Business Phone:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cell or Pager:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Email:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Reference # 1</u>	<u>Reference # 2</u>	<u>Reference # 3</u>	Name:	_____	_____	_____	Position:	_____	_____	_____	Relation to Participant:	_____	_____	_____	Home Phone:	_____	_____	_____	Business Phone:	_____	_____	_____	Cell or Pager:	_____	_____	_____	Email:	_____	_____	_____
	<u>Reference # 1</u>	<u>Reference # 2</u>	<u>Reference # 3</u>																														
Name:	_____	_____	_____																														
Position:	_____	_____	_____																														
Relation to Participant:	_____	_____	_____																														
Home Phone:	_____	_____	_____																														
Business Phone:	_____	_____	_____																														
Cell or Pager:	_____	_____	_____																														
Email:	_____	_____	_____																														

Other Volunteer Information	SECTION 4
1. What is the highest level of education you have completed? <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University	
2. What population do you prefer to work with? <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 12 years <input type="checkbox"/> 12 to 18 years <input type="checkbox"/> Adults <input type="checkbox"/> Animals <input type="checkbox"/> no preference	
3. What is your availability? <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> no preference weekends <input type="checkbox"/> No preference after school	



4. Which area would you be interested in volunteering with?

- Tourism & Cruise Related Events* Special Events Humane Services Recreation

Other: _____

* Applications with Tourism & Cruise related events must provide a resume outlining past work and volunteer experience.

5. Can you provide a current valid copy of the following?

- Certificate of Conduct Vulnerable Sector Check CPR Emergency First Aid Standard First Aid

*A volunteer confirmation letter is included in the Application Package to wave the Code of Conduct fee.

Declaration

SECTION 5

1. I agree that in the event of an emergency, City of St. John's staff will take appropriate action for the above named volunteer. Yes No
2. I give permission to use photographs of the above named volunteer, in any professional material (ie. print, website, TV). I fully understand that there will be no compensation paid to the volunteer or parent/guardian of the volunteer in exchange for use of the photograph. As well, the City of St. John's has permission to change the image (ie. cropping or digital manipulation). Yes No
3. I hereby acknowledge that volunteers with the City of St. John's are entrusted with knowledge and private affairs of participants and their families. I hereby undertake not to divulge any of the knowledge, nor to discuss it at any time or any place or with unauthorized persons whether during my time with City of St. John's or thereafter. I hereby acknowledge that I fully understand the above and that a breach of this understanding may result in my suspension or dismissal as a volunteer of the City of St. John's. Yes No
4. I hereby waive and release all rights and claims for damages against the City of St. John's and their employees and agents for all injuries, which may be sustained, by the herein named minor or myself while volunteering in the program(s) listed above. I understand the content of the program and the risks of personal injury therein. Yes No
5. I acknowledge that everything declared in this form is true and I understand that if there is any change to the information contained in this application, it is my responsibility to notify the City of St. John's. Yes No

Parent/Guardian Name (if volunteer is under 19 years): _____

Volunteer Signature (if 19 years or older)

Date

Parent/Guardian Signature

Date

Privacy Notice

SECTION 6

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Supervisor of Family & Leisure Services at 576-8020 or email volunteer@stjohns.ca

Please return completed forms to:
 Paul Reynolds Community Centre
 35 Carrick Drive

City of St. John's
 Dept. of Community Services
 Paul Reynolds Community Centre
 P.O. Box 908
 St. John's, NL A1C 5M2

For further information:
 Phone: (709)576-8630
 Email: volunteer@stjohns.ca



NEWFOUNDLAND AND LABRADOR, CANADA

Criminal Records Screening Certificate Volunteer Waiver of Fees



Royal Newfoundland Constabulary

Re: Volunteer Waiver of Fees for Criminal Records Screening Certificate

This letter is to indicate that _____, D.O.B. _____, is applying for a Criminal Records Screening Certificate so he/she can volunteer his/her services with the City of St. John's, Department of Community Services.

Due to the voluntary nature of this position, the Department requests that the fee for the Criminal Records Screening Certificate be waived and that the results of the screening be mailed to:

City of St. John's
Department of Community Services
Paul Reynolds Community Centre
P.O Box 908
St. John's, NL A1C 5M2

Should you have any questions regarding this letter, please do not hesitate to contact Volunteer Services at 576-8630 or email at volunteer@stjohns.ca.

Thanking you in advance for your cooperation.

Sincerely,

Volunteer @ St. John's
Department of Community Services, Recreation Division
City of St. John's

ST. JOHN'S



Royal Newfoundland Constabulary

Building Safe and Healthy Communities Together

Newfoundland and Labrador's Provincial Police Service

Criminal Record Screening Certificate and Vulnerable Sector Check

Please note that in-person applications and payments are not possible at this time as counter service at the Central Cashiers Office has been suspended due to COVID-19. Both application and payment can be processed online see instructions on process below.

Effective May 20, 2020 the Royal Newfoundland Constabulary moved to an online process for persons requiring a Criminal Record Screening Certificate and Vulnerable Sector Check. This process allows you to apply without having to attend our facility. All aspects of the process, including verification of your identification and fee payment are handled electronically.

<https://www.rnc.gov.nl.ca/services/>

A Criminal Record Screening Certificate check simply verifies whether or not you have a criminal record.

A vulnerable sector check is a special type of criminal record check required for situations where you will be in a position of trust or authority over children, the elderly, the disabled, or another vulnerable group. A vulnerable sector check involves a name-based search of the national repository of criminal convictions, a search of locally held records at Royal Newfoundland Constabulary and a query of the pardoned sex-offender database. In some cases, you may be required to submit your fingerprints if there is a match based on a combination of your gender and date of birth to a pardoned sex offender record. Applicants with a potential match will be contacted by the Royal Newfoundland Constabulary and asked to attend Royal Newfoundland Constabulary to have their fingerprints taken electronically.

The Process:

Step 1: To request a Criminal Record Screening Certificate and Vulnerable Sector, please fill out the following form(s).

- Criminal Record Screening Certificate
- Consent for Criminal Record and Vulnerable Sector Check

Step 2: Print off the completed application, sign and date it.

Step 3: Pay your \$20.00 Application Fee. Note: Fees are not required for persons volunteering; you will be required to include a letter from the Volunteer Agency exempting you from the fee.

Step 4: Email the following items to your respective jurisdiction.

- Signed and completed Criminal Record Screening Certificate and Vulnerable Sector Form as PDF (Portable Document Format)
- Two valid pieces of identification (one of which must be government issues with photo, name, date of birth and signature)
- Letter of Exemption from Volunteer Agency

NOTE: If there are no concerns or follow up required, your Criminal Record Screening Certificate and Vulnerable Sector Check will be processed within 15 business days and forwarded via Canada Post mail service.