



# **Volunteer Information Package**

# VOLUNTEER PROGRAM

## **Mission Statement**

The Ponoka FCSS Volunteer Program will foster, promote and facilitate volunteerism in the community of Ponoka to enhance quality of life and provide satisfying, positive volunteer experiences.

## **Goals and Objectives**

1. Promote volunteerism in the community by:
  - Providing leadership and support for volunteers.
  - Working in partnership with community groups, agencies and individuals.
  - Ensuring recognition of volunteers.
  - Increasing public awareness of needs and opportunities.
2. Evaluate the needs of the community by:
  - Maintaining contact with agencies, groups and individuals to keep informed of community needs.
  - Being active and involved in the community.
3. Implement and maintain a program that:
  - Recruits potential volunteers.
  - Screens and places volunteers appropriately.
  - Coordinates and supervises volunteers.
  - Ensures appropriate education and skills.

## **Policies and Procedures**

1. A file of information for each volunteer will include name, address, contact numbers, skills, interests, availability, related work or volunteer experience, references, applicable forms (confidentiality agreement, driver's abstract, criminal record check, proof of insurance) and any other pertinent information.
2. A screening interview will be conducted with each volunteer to further determine interests and skills, and to inform the volunteer of applicable expectations, policies and rules.
3. When all required documentation is gathered or submitted, the volunteer may be offered a suitable volunteer position. The program coordinator will make appropriate arrangements with the volunteer and the individual/agency for contact and introductions.
4. The program coordinator will complete a follow-up consultation with the volunteer and individual/agency to ensure the arrangement is satisfactory for both parties. The program coordinator will be available to the volunteer and individual/agency for discussion of comments or concerns, and take appropriate action based thereon.
5. The Ponoka FCSS Volunteer Program reserves the right to terminate a volunteer if so warranted following discussion with the volunteer and the individual/agency.
6. All information contained in a volunteer file will remain confidential.

Signature \_\_\_\_\_ Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_



**Position Description:** Driver

Using their own vehicle, volunteer drivers deliver meals to Meals on Wheels recipients in a specified area.

**Time of Day:** 11:20 am (pick-up time) – 1:00-1:30pm (depending on how many meals there are to deliver)

**Commitment:** Generally a volunteer is assigned a one week shift.

**Location:** Meals are picked up at The Old Iron Horse Restaurant.

**Qualifications:**

- Socially interactive, patient and understanding with recipients
- Punctual and reliable
- Follows proper food handling practices
- Knowledge of your delivery area and ability to read a map
- Valid driver's license and personal liability insurance
- Must pass a security clearance check
- Have access to a phone/cell phone while en-route

## Friendly Visitor

**Position Title:** Friendly Visitor

**Purpose of Assignment:** To schedule regular visits with an individual in their home to provide social interaction and stimulation in order to alleviate loneliness and boredom.

**Outcome Expected:** Social isolation has a negative impact on health outcomes for an elderly person living alone in the community. This regular communication and visiting will assist in preventing social isolation and therefore assist the client to feel connected and in touch with their community.

**Time Commitment:** Regular scheduled visits to meet the client's individual needs with no requirement to make more than one visit of one hour duration per week unless the volunteer otherwise agrees. The volunteer must be committed to a minimum of six months. Minimal short phone call visits may be appropriate between home visits. The volunteer must be consistent and punctual. A regular schedule is preferable, and will be determined through a combination of consultation with the client, the client's family, and/or anyone else who is involved with the client's care. Visits become anticipated. Always call the client if you are unable to keep your scheduled visit time.

**Responsibilities:** A visit to an assigned client may involve some or all of the following activities: listening, reading, helping write letters and read mail, playing games or puzzles, going for walks, making phone calls for appointments, baking, and transporting clients in a volunteer's vehicle **only if prior arrangements and**

**screening have been conducted** by the Volunteer Program Coordinator. The volunteer is also responsible to notify the Program Coordinator of any changes in the client's behaviour, and to provide a record of hours spent volunteering on a monthly basis.

**Working Conditions:** The volunteer will be visiting in a client's home and possibly outdoors in the client's yard. Short walks when the client is steady on their feet, or is in a wheelchair. The visits are on a one-on-one situation, so the volunteer must be confident and able to make reasonable decisions in the best interest of the client.

**Qualifications:** The volunteer must have a genuine interest and concern for improving quality of life for a senior or person with disabilities. They must also have patience and empathy, and be a good communicator, specifically a good listener. The volunteer must be sensitive to the client's abilities and needs, as well as adaptive and flexible to individual likes, dislikes, moods and personalities. They must be positive and supportive while providing a sense of independence. The volunteer must possess the ability to use their own discretion and motivation with little direction or supervision. They must unconditionally accept another individual and their situation, and, in certain situations, possess the ability to push a wheelchair depending on the client's mobility.

**Training and Support:** Following a general orientation conducted by the Volunteer Program Coordinator, specific orientation and training will occur if necessary. The Program Coordinator can be accessed at any time for clarification and direction.

**Decision Making:** After consultation with the client, the volunteer has some degree of flexibility in determining the nature of each visit. The Volunteer Program Coordinator is available to help determine visiting ideas. Volunteers **do not** do such tasks as lifting or transferring, feeding, administering medications, or personal care, such as bathing, dressing or toileting clients. Client requests, such as diagnosis, medical information or interpretation, financial information or management, and counseling must be directed to the Volunteer Program Coordinator.

**Benefits:** The volunteer will be able to use personal and professional skills and abilities from home and work. The volunteer will become involved in a personal friendship that will give both parties a sense of satisfaction and well-being. Involvement from the volunteer will enhance the client's quality of life and independence.

# Blood Donor Clinic

**Position Title:** Greeter/ Refreshment Table

**Purpose of Assignment:** Greet each donor and thank them for their donation. Promote future donations through community connections.

**Time Commitment:** One two hour shift of your choice, generally either 3:30- 5:30 p.m. or 5:30-7:30 p.m. during the two clinics hosted by FCSS in a year.

**Responsibilities:**

- Thank each donor for their donation.
- Offer donors, and those accompanying them, all food choices available.
- Be aware and responsive to donors (ie. Donors may have a reaction, need to continue pressure on their vein puncture or need to hold a cold bag on their arm).
- Be familiar with the reaction guidelines and know what to do. Call CBS staff immediately if a donor has a reaction.
- Use gloves or tongs when handling food, and wash hands frequently.
- Keep refreshment area clean and tidy.
- Ensure that all donor cards are signed and dated.
- For FCSS statistics, ensure that each donor fills in the Donor Check-in list.
- Hand out donor commemorative pins as appropriate (1, 3, 10, 25, 50, 100, 150+), and record information as requested by the Donor Service Representative.

**Qualifications:**

- Friendly personality
- Comfortable in a clinic setting
- Ability to promote the benefits of blood donation
- Punctual and reliable
- Follows proper food handling practices

# Snow Removal and Yard Work Program

**Position Description:** Handy-man for a day.

**Purpose of Assignment:** To assist those that are physically unable to clean up their yards.

**Time Commitment:** Each year annual cleanup days, one in the Fall and one in the Winter are chosen and volunteers contribute for the day (approx.: eight hours).

**Responsibilities:**

1. Sign up to be on a team. Make sure there is someone who will drive and a cell phone in your group, and that you have the tools needed (rakes, lawn mower, gloves).

2. Introduce yourself to the people when you arrive at their home. Some may need the reminder of what we are doing today. Let them know you are volunteering with FCSS. If they are not home, leave a yellow card at the door.
3. Each team will get garbage bags, water bottles, and cards.
4. Primary task is to rake leaves and mow lawns or remove snow. If you are asked to do other things, feel free if you have the time.
5. Some homes have rakes and mowers for us to use. Refer to your list for details. Please leave the equipment where you find it.

**Qualifications:**

- Physical able to complete tasks.
- Able to work in a team.
- Be able to withstand poor weather conditions.
- Comfortable with equipment.

## Community Income Tax Program

**Position Description:** Assist low income individuals in completing their tax returns.

**Purpose of Assignment:** To provide free tax clinics to Ponoka residents that need help filing their income tax. This program is a collaboration between the Canada Revenue Agency (CRA) and Ponoka FCSS.

**Commitment:** The Clinics are offered between February and April of each year. Personal commitment varies depending on individual's availability. Previous years volunteers participating have done under ten income tax returns to over seventy. Each tax return done is a large contribution and greatly appreciated.

**Responsibilities:**

- Prepare tax returns for individuals who have low income and a simple tax situation.
- Volunteers **must** respect the confidentiality of taxpayer information and decline any offers of monetary reward for their services
- Attend mandatory training sessions and webinars in order to use income tax software program.

**Qualifications:**

- Basic understanding of income tax and a willingness to learn more through completing the training provided.
- Basic computer knowledge.
- Strong communication, interpersonal, and helping skills.
- Previous experience in completing Income Tax Returns would be an asset but not required.

**Benefits:**

- give back to your community;
- increase your personal tax knowledge;

- gain new skills and improve existing ones;
- do work that is valued and recognized; and
- Receive free tax software and reference material, and have access to training.

## **Celebrating Volunteers**

As a volunteer you give time. The most precious resource in our lives. Money can be printed. Time cannot. Once you give an hour of your time it is lost forever. That hour you just gave volunteering will never be replicated. Your time volunteering must be valued but we can never put a value on that time. How can you value something that is priceless?

As a volunteer you bring much to FCSS and the community of Ponoka! Skills, advice, experience, friendship, vision, leadership, inspiration...

So thank you for the amazing time that you give (or plan to give) and watch for details on our Volunteer Week Annual Celebration just for people like you!!

# Volunteer Application Form

The information you provide on this form will help us find the most appropriate volunteer placement for you. Please provide as much detail as possible.

## PERSONAL

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(Home) (Business) (Cellular)

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you ever been convicted of any crime, including sex related or abuse related offenses against adults or minors? Circle YES or NO**

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## EXPERIENCE

Do you have any previous volunteer experience? No \_\_\_\_\_ Yes \_\_\_\_\_

(If yes, please provide a description.)

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Do you have any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement? Please explain.

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Please indicate your preferred area(s) of interest:

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### **HOBBIES AND INTERESTS**

Please describe your hobbies and interests.

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### **SPECIAL SKILLS AND TRAINING**

Please describe any special skills you possess or any specific training you may have.

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### **TIME AVAILABLE FOR VOLUNTEER INVOLVEMENT**

Please provide the days and times (morning, afternoon, evening) that you are able to volunteer.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

This application form and the information contained therein are being provided in confidence and shall not be disclosed to any person other than the Ponoka FCSS. In determining suitable placements for volunteers, consideration will be given to the interests and goals of the volunteer and to the requirements of the organization and of the position in question. The determining factors in the selection/matching of volunteers to specific positions will include: responsibility, skill level, performance, work/volunteer experience, and interpersonal skills. Certain positions may require the volunteer to submit or consent to a liability waiver, criminal record/police, and/or reference check prior to acceptance as a volunteer in that position. Individuals who refuse to comply with this request will not be accepted as a volunteer in those positions.

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Signature

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Date

Emergency Contacts:

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:

# Confidentiality Agreement

Confidentiality is of utmost importance, and is not to be compromised. As a Volunteer, I am required to read and sign the Confidentiality Agreement. If there is a breach in this or any other inappropriate performance, my position with the Volunteer Program will cease, so that there is no threat or interference with achieving the program and organizational goals.

I will respect the rights of people I do volunteer work with, staff and other volunteers, to total privacy concerning the details of their lives, such as names, addresses, backgrounds, family relationships and any other personal information.

I agree to limit my discussion to the specific duties and responsibilities as outlined in my job description. Specifically, I can discuss what I do, but will not share information that may identify any individual associated with Ponoka Family and Community Support Services. I must ensure that there is no conflict of interest between you and those you are serving.

I agree to keep all information confidential. Specifically, the only instances where I will share information is if there is a safety concern for the Volunteer, or harm or suspected harm to an individual. I will then consult with the Program Coordinator at Ponoka FCSS, at which point we will follow protocol to ensure safety for all involved.

I understand that a condition of my involvement with Ponoka Family and Community Support Services is that I am expected to maintain confidentiality. I understand and agree that this confidentiality agreement will remain in effect even if I cease to be involved with Ponoka Family and Community Support Services.

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Name (Please print)

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Signature

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Witness

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Date

# Volunteer Gift Policy

WHEREAS the volunteer is in a position of trust when working with a client,

THEREFORE volunteers of Ponoka Family and Community Support Services must not accept gifts from clients while in the employment of the agency, including nominal and monetary sums.

Volunteers are to maintain free of Conflict of Interest, not accepting any financial gifts, or accept or purchase possessions from the client or client's personal business. Volunteers are not permitted to lend money to, or accept loans, money or property from the clients.

Gifts of money or goods could be seen to be obtained under duress or influence. The volunteer and the agency would, at the very least, be open to criticism from family members and the community at large.

If a client wishes to give money or goods, the Volunteer is required to connect them directly to the FCSS office for donation procedure. Likewise, in the event that the Volunteer is presented with a nominal gift (ie. flowers, chocolates), and they determine that it is in the best interest of the client to accept, they are to make it clear to the client that they cannot take it for themselves, but will deliver it to the FCSS office.

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Name (Please print)

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Signature

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Witness

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Date

# Reference Check Summary # 1

Volunteer Name \_\_\_\_\_

Position Applied For \_\_\_\_\_

## Reference

Name \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

## Questionnaire

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. What are the applicant's strengths?
4. Is the applicant reliable?
5. Is the applicant punctual?
6. Can the applicant work independently?
7. Can the applicant handle supervision?
8. How does the applicant handle confidential information or positions of trust?
9. How do you think the applicant would handle the volunteer position applied for?
10. Is there anything you feel we should be aware of in accepting this person for volunteer work?

# Reference Check Summary #2

Volunteer Name \_\_\_\_\_

Position Applied For \_\_\_\_\_

## Reference

Name

Date

Phone

## Questionnaire

1. How long have you known the applicant?
2. In what capacity have you known the applicant?
3. What are the applicant's strengths?
4. Is the applicant reliable?
5. Is the applicant punctual?
6. Can the applicant work independently?
7. Can the applicant handle supervision?
8. How does the applicant handle confidential information or positions of trust?
9. How do you think the applicant would handle the volunteer position applied for?
10. Is there anything you feel we should be aware of in accepting this person for volunteer work?



## PROGRAMS

Thank you for your interest in community programs! The following is a list of some of the opportunities available:

1. **Meals on Wheels** – Delivery of meals to people in the community, who benefit from receiving a wholesome noon meal up to five times a week.
2. **Friendly Visiting** – Volunteers provide the opportunity for socialization to clients in the community who have become isolated due to limited contact with family or friends. Just having coffee or going for a walk can improve and enrich lives.
3. **Blood Donor Clinics** – Assisting Canadian Blood Services staff in operating twice yearly clinics at the Kinsmen Community Centre.
4. **Snow Removal/Snow Angles and Yard Work Program** – With seasonal changes, workers are referred to assist those unable with outdoor clean-up. Payment varies by individual.
5. **Volunteer Income Tax Program** – This program has volunteers assisting low-income individuals with filling out their Income Tax Return. Training is provided.
6. **Senior Resource Centre** – FCSS serves as a seniors resource centre for the community. Assistance is given with filling out forms for Canada Pension Plans, Guaranteed Income Supplement, Alberta Seniors Benefit, Special Needs Assistance Program, and Personal Directives.
7. **Tools for School** – Providing school supplies for students who would appreciate the extra support. Available by phoning in September.
8. **Community conferences and events**
9. **Community Garden** –Seasonally, the program entails registration, planning, instruction and guidance with those participating. Reserve your plot today!
10. **LifeLine** – Install and troubleshoot personal help machines and buttons.

Anyone interested in finding out more about any of our volunteer programs, please call Ponoka FCSS at 403-783-4462.



## **Criminal Record and Vulnerable Sector Check**

In order to participate in any of the Ponoka Family and Community Support Services Volunteer Programs, every volunteer must complete a criminal record check at the local RCMP detachment. This check will be kept on file in the FCSS office, the results of which may affect volunteer acceptance and placement.

Simply fill out the bottom of this page and take it to the Ponoka detachment during regular business hours. There is no cost to volunteers. A member will contact you when the check is complete and you will have to pick it up with photo ID. After the FCSS office receives this check, your volunteer placement will be determined.

\*\*\* Please take 2 pieces of I.D. to the detachment \*\*\*

### **Criminal Record and Vulnerable Sector Check for Volunteer Placement**

I, \_\_\_\_\_, am applying to volunteer with Ponoka FCSS as a

\_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_