



Thank you...

for your interest in the Volunteer Grandparents/Volunteer for Intergenerational Programs (VIP). As a volunteer, you will be joining a growing number of men and women in our communities who are dedicated to bridging and enriching the lives of young children and older adults. Volunteer Grandparents provide a rich experience for not only the children but the entire family. Our Volunteers provide stability, a wealth of experience, friendships, endless amounts of caring and a relationship that lasts a lifetime.

Volunteer Grandparents primarily recruits volunteers for the **Volunteer Grandparents Program** and the **School Volunteer Program**. For these programs, volunteers must be 50+. Volunteers are also recruited for positions in **Administration** and **Community Awareness**. Regardless of how you choose to give your time, every effort contributes to creating rich experiences for the children and “grandparents”. The children in our programs are between the ages of 3-14 years of age, represent diverse backgrounds and, do not have accessible grandparents.

The need for a Volunteer Grandparent and grandchild is ever increasing and we are very pleased that you are considering sharing your time to help us create these magical relationships. We encourage you to return your application as soon as possible because there are grandchildren waiting right now for the special friendship and support that will truly make a difference in their life.

Application package should include the following:

- Completed Application Form and full listing of appropriate References
- Signed and dated Permission and Release of Information Form

For individuals interested in the **Volunteer Grandparent Program, and/or School Mentoring Program**, the application package should also include the following:

- An acceptable Criminal Records Check – to have the CRC conducted, please visit your local detachment. For Vancouver Residents, form is enclosed. Call ahead for hours and take this letter with you.
- Submit a Driver's Abstract – go to your local Driver Licensing department

203- 2101 Holdom Avenue, Burnaby, BC V5B 0A4
Phone: 604-736-8271 Fax: 604-294-6814



PERMISSION & RELEASE FORM

I hereby authorize Volunteer Grandparents/Volunteers for Intergenerational Programs (VIP) to contact any or all of the references listed herein for the purposes of processing my application to become a volunteer in the Society's program. I understand that these references will be contacted in confidence.

I further authorize any individuals, firms, corporations, government or other regulatory departments, and Police Department or other organization to release information and copies of documents pertaining to myself to Volunteer Grandparents/VIP in order to consider my application to volunteer in the Society's program, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Volunteer Grandparents/VIP is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I give permission to Volunteer Grandparents/VIP to release pertinent information regarding my file to the parent of the Child in the process of match selection. Further, I agree to allow my file to be viewed by an Agency Reviewer for Volunteer Grandparents/VIP, at the time of the agency review, should be requested.

I understand this application and subsequent information in my file is the property of Volunteer Grandparents/VIP.

The implications of the waiver has been explained to me. I understand and consent to them. I further agree this waiver is made of my own free will and without distress.

Signature of Applicant: _____

Printed Name: _____

Date: _____



VOLUNTEER APPLICATION

A. Applying to volunteer for which Program(s):

- Volunteer Grandparents Program School Grandparent Program
 Community Awareness Administration
 Other: _____

- B. Name: _____ Birth date: _____
Home address: _____ Postal Code: _____
How long did you live at this address? _____ E-mail: _____
If less than one-year, previous address: _____
How long did you live at this address? _____ Home Phone: _____
What are the best days and times to reach you at home? _____

Please make me a Member of Volunteer Grandparents Yes No
I would like to receive the newsletter by e-mail Yes No

- C. Are you presently Employed Retired Other: _____
Place of Employment: _____ Business Phone: _____
Work address: _____
Position: _____ Can you be contacted at work? _____

List your previous employers, years of service, position held, & reasons for leaving:

1. _____
2. _____
3. _____

D. How did you hear about Volunteer Grandparents/VIP? (Please check all that apply)

- Community Newspaper Radio Brochures
 Newspaper Ad Posters Displays
 Internet Television Ad Other: _____



E. PERSONAL INFORMATION

List your interests, hobbies, sports, etc: _____

Please describe any previous volunteer experience: _____

Why would you like to volunteer for Volunteer Grandparents/VIP? _____

Have you ever ***applied or been involved*** with another mentoring agency (i.e. Big Brother/Big Sister) in Canada or United States **OR** any other youth serving organization? If so, please explain. _____

Do you object to the agency checking with these agencies regarding your past involvement? YES NO

F. Sections F - H must be completed if you are seeking a position in the Volunteer Grandparent Program and/or School Volunteer Program.

Have you ever been charged or convicted of any criminal offence? _____

Do you have a police record now? _____

Have you ever had a pardon? _____

Amount of Auto Coverage: _____ Homeowners/Renters insurance? _____

Driver's license number: _____ Do you have access to a car? Yes No

Does your car have airbags? _____

Have you ever been charged with any traffic violations? Please explain. _____



G.

Living Environment (Please check)

- Single Married Partner Common law
 Divorced Separated Remarried Widowed

Length of present status: _____

Partner's Name: _____

Do you have a roommate? _____ Name & Age: _____

Do you own any firearms? Where are they stored? _____

H. FAMILY

Name and ages of children: _____

Do you have grandchildren? Yes No Name & Age: _____

Where do they live? _____

Briefly describe your relationship with your family: _____

Do you sincerely feel you can meet the minimum standard of spending at least three hours per week with a child? Yes No

Do you feel that you will be able to remain in the program for at least one year? Yes No

What appeals to you about the Volunteer Grandparents Program? _____

Additional Information: _____



For volunteer positions in Administration, Website, Community Awareness and Bingo, references **a, b & c** are only required.

I. References: These references will need to vouch for your character, morals, commitment level and stability. Also, they must have known you for at least **two years**.

Please list the names and full addresses of:

- (a) **Employer or volunteer work supervisor** (b+c) **Personal acquaintances** (not a girl/boyfriend)
(d) **Family member** (preferably not a partner or children) (e) **Physician**

a. Name _____
Address _____
City _____ Postal Code _____ Phone _____
Relationship to reference _____
How long have you known this reference? _____

b. Name _____
Address _____
City _____ Postal Code _____ Phone _____
Relationship to reference _____
How long have you known this reference? _____

c. Name _____
Address _____
City _____ Postal Code _____ Phone _____
Relationship to reference _____
How long have you known this reference? _____

d. Name _____
Address _____
City _____ Postal Code _____ Phone _____
Relationship to reference _____
How long have you known this reference? _____

e. Name _____
Address _____
City _____ Postal Code _____ Phone _____
Relationship to reference _____
How long have you known this reference? _____

The undersigned hereby grants permission to Volunteer Grandparents/Volunteers for Intergenerational Programs to contact the above references.

Applicant's Signature _____ Date _____



Community Police Office

Re: Request for Criminal Record Check for Volunteer Position

To Whom It May Concern:

Hello from the team at Volunteer Grandparents Society. We are a registered Non-Profit Lower Mainland community agency committed to 'bridging and enriching generations' through our various volunteer programs. As we match volunteers with youth between the ages of 3-14 in our Family Match and/or School Grandparent programs, it is essential that **we request our volunteers undergo and provide a recent Police Criminal Record Check.**

Please be advised that _____ is applying to our program as a Volunteer Grandparent. As a member of our team of volunteers, they are likely to come in contact with youth under the age of 18 years through our various programs, activities and community events. Therefore, we request you provide their individual Police Record Check so that upon clearance, we may consider them for our program(s).

Thank-you for your cooperation and support of our programs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Veronica Grossi', is written over a light blue horizontal line.

Veronica Grossi
Program Manager
Volunteer Grandparents
203- 2101 Holdom Avenue
Burnaby, BC V5B 0A4
Tel: (604) 736-8271
Fax: (604) 294-6814
www.volunteergrandparents.ca