

## 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 <u>Permission and Release of Information Form</u>

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

- An acceptable <u>Criminal Records Check</u> to have the CRC conducted, please visit your local police detachment. Call ahead for hours and take the attached letter with you and your ID.
- Submit a <u>Driver's Abstract</u> go to your local Driver Licensing department only needed when applying for the Family Match Program



## 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 oganization 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: <sub>_</sub>	
Printed Name:	
Date:	



# **VOLUNTEER APPLICATION**

	ng to volunteer for w	<u> </u>	_ c	School C	randnarant Dragram	
□ Con	unteer Grandparents F nmunity Awareness	Togram		dministr	randparent Program ation	
□ Oth	er:					
Name:			_ Birtl	n date: _		
Home a	address:		Postal Code <u>:</u>			
How lo	ng at this address?		E-mail:			
If less t	han one year, previou	s address:				
		How long?				
Home F	Phone:	Best time to	reacl	n you at l	nome?	
Please	make me a Member c	of Volunteer Grandparen	ts	□ yes	□no	
l would	like to receive the nev	wsletter by e-mail	[	⊐ yes	□no	
Are yοι	u presently □ Employ	ved □ Retired □	Othe	r:		
Place o	of Employment:	Business Phone:				
Work a	ddress:					
		Can you be				



	eer experience?
Why would you like to volunteer fo	or Volunteer Grandparents/VIP?
	nvolved with another mentoring agency (i.e. Big
,	Jnited States <i>OR</i> any other youth serving n
Do you object to the agency checkinvolvement?	king with these agencies regarding your past
Sections F - H must be complet Grandparent Program and/or So	ed if you are seeking a position in the Volunt
,	onvicted of any criminal offence?
•	?
Have you ever had a pardon?	Homeowners/Renters insurance?
Amount of Auto Coverage:	



# **Living Environment** (please circle) G. 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?\_\_\_\_\_ Н. **FAMILY** Name and ages of children: Do you have grandchildren? 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 two hours per week with a child? Do you feel that you will be able to remain in the program for at least one year? \_\_\_\_\_ What appeals to you about the Volunteer Grandparents Program? Additional Information:



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

**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/friends (not a girl/boyfriend)
- (d) Family member (preferably not a partner or children)

a. Name	
Addres	•
City	Postal Code Phone
Relatio	ship to reference
How lo	g have you known this reference?
b. Name	
Addres	
City	Postal Code Phone
Relatio	ship to reference
How lo	g have you known this reference?
c. Name	
Addres	·
City	Postal Code Phone
Relatio	ship to reference
How lo	g have you known this reference?
d. Name	
Addres	·
City	Postal Code Phone
Relatio	ship to reference
How lo	g have you known this reference?
	signed hereby grants permission to Volunteer Grandparents/Volunteers for tional Programs to contact the above references.
Applicant'	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,

**Veronica Grossi** 

Program Manager Volunteer Grandparents 203- 2101 Holdom Avenue Burnaby, BC V5B 0A4

Tel: (604) 736-8271

www.volunteergrandparents.ca