

**Volunteer Application Form**

(Please Print Clearly)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability (Please check all that apply)**

\_\_ Weekday mornings \_\_ Weekend mornings

\_\_ Weekday afternoons \_\_ Weekend afternoons

\_\_ Weekday evenings \_\_ Weekend evenings

**Commitment Level (Please fill in and circle all that apply)**

I am interested in volunteering \_\_\_\_\_\_ hours/days per \_\_\_\_ week/month/year.

**Volunteer Opportunities (Please check all areas you are interested in)**

\_\_ Alumni Association Executive

\_\_ Fifth Steps \_\_ Fundraising events - Golf or Walkathon

\_\_ Transportation–Addiction Assistance Service \_\_\_ Westover 2nd Hand Clothing Boutique

\_\_ General Office (clerical) \_\_Special Events–Picnic, Christmas Party, Other

\_\_ Commencement Boutique \_\_12 Step Meeting Chairs

\_\_ Fitness & Recreation \_\_Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe previous experience or special skills for the opportunities checked above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state why you are interested in becoming a volunteer with Westover Treatment Centre. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person to notify in case of emergency**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home/Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\* You may be requested to submit a police check \*\*\*\*\***

**\*\*\*\*\*Being a volunteer does not guarantee future employment\*\*\*\*\***

**WESTOVER CONFIDENTIALITY AGREEMENT**

Westover Treatment Centre staff/affiliates (including volunteers, alumni, students, etc.) have a legal and ethical responsibility to protect the confidentiality of clients staff, volunteers, board members and other affiliates (and their families) which they may learn or have access to because of their employment/affiliation with Westover.

In addition staff/affiliates have the legal and fiduciary responsibility to keep confidential all business matters (including financial information) except that information which is approved by the Executive Director or Board of Directors for public release or information that is publicly disclosed (such as Audited Financial Statements).

This policy applies whether the information is verbal, written, electronic or in any other format.

I understand that misuse or failure to safeguard the disclosure of confidential information without appropriate approvals may be cause for loss of employment, appointment or affiliation with Westover Treatment Centre.

**Agreement and Signature**

Having reached the age of majority affirm the information provided in this application is correct and complete. I understand and accept that any false information, omissions or misrepresentations may preclude me from volunteer opportunities at Westover Treatment Centre.

I further agree to abide by all policies and procedures of the Westover Treatment Centre. I will respect the confidentiality of all clients and staff and will save harmless Westover Treatment Centre, its staff, Board Members and volunteers from any loss, accident or injury resulting from my volunteer participation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
SIGNATURE DATE

**Equal Opportunity Policy**

*It is the policy of Westover Treatment Centre to provide equal opportunity without regard to race, colour, religion, gender, sexual orientation, age or disability.*

Thank you for completing this application and your interest in volunteering at Westover.

Please return this application form to Westover Treatment Centre:  
P.O. Box 8, Thamesville ON N0P 2K0

fax to 519-692-3138, mmckinlay@westovertreatmentcentre.ca