



# Becoming a Keep In Touch Volunteer Caller

Thank you for your interest in the KIT program. We understand the application can be a lengthy process. We try to make it as smooth as possible for you. Thank you for your understanding.

Please submit the following documents:

## Volunteer Enrollment form

This can be submitted via email or in-person. Read below on how this can be submitted.

## Police Information Check

Complete the provided police application form and Volunteer Lethbridge can submit it on your behalf. You do not need to go to the police station to submit.

\*Please note\* Lethbridge Police requires this **original** form in **BLUE INK**. Read below on how this can be submitted.

## 2 Government Issued Identification

One with a photo

One with your current living address (that matches your address on the application).

If you do not have access to a printer, we can make arrangements with you.

## To Submit:

Our address is 324 - 5th St. S. located in the Doctor Foster James Penny Building in downtown Lethbridge. Our office is currently closed to the public and staff is working from home. There is a drop box in the main doors. It is knee height with 2 blue arrows pointing to it. If you are not comfortable with putting your package into the drop box, let us know and we'll make other arrangements.

Once your completed application is submitted, we will send you the training package and begin the reference checks and **telephone** interview with you. After we have completed that and we have received the criminal record check, you are ready to be paired with a senior.

Here are some more details about the role:

- You are encouraged to block your number when calling your participants; details are in the training manual
- You can call as many participants as you like. You will be paired with the same one(s) to call on a weekly basis. Start with one participant and once you are comfortable, you can call a second if you choose to
- There are monthly virtual volunteer meetings. Attending these will help you be connected to the program and your team - there are 25 + more other volunteers doing the same thing as you!

We look forward to reviewing your application. Please let us know if you have any questions at all!

Submit all volunteer applications and inquiries to [volunteer@volunteerlethbridge.com](mailto:volunteer@volunteerlethbridge.com)



# Keep In Touch Volunteer Enrollment Form

## ABOUT THE ORGANIZATION

Volunteer Lethbridge is a not-for-profit with the vision of a universe of opportunity for vibrant communities. We connect and convene individuals, groups, and organizations to champion and leverage capacity across sectors.

## PROGRAM

Keep In Touch fosters relationships between community members who want to serve with those needing connection. Feelings of Isolation and loneliness within members of our community have serious physical and mental health consequences for individuals and their families. This program will reconnect the community.

Program Vision – the community feels connected and engaged through regular contact with someone who cares. Together we can create a community where it is possible to overcome loneliness.

## VOLUNTEERS

Your role is:

- Act as emotional, social and isolation support for vulnerable seniors experiencing loneliness
- Provide a reassuring, friendly and consistent voice to vulnerable seniors
- Connect vulnerable seniors with resources and support in the community
- Connect vulnerable seniors with support in time of need

## STAFF

Program Manager – Chelsea Eastman, [communications@volunteerlethbridge.com](mailto:communications@volunteerlethbridge.com), 403-332-4320 ext.2.

Seniors Coordinator – Connie-Marie Reidhuber, [helpinghands@volunteerlethbridge.com](mailto:helpinghands@volunteerlethbridge.com)

**Submit all volunteer applications and inquiries to [volunteer@volunteerlethbridge.com](mailto:volunteer@volunteerlethbridge.com)**



# Keep In Touch Volunteer Enrollment Form

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Volunteers must be 16 years of age or older to volunteer in Keep in Touch) DD MM YYYY

Address: \_\_\_\_\_  
City Province Postal Code

Phone number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

YES, I would like to be **added** to the Volunteer Opportunities email list.

## VOLUNTARY STATISTICAL INFORMATION

*For statistical purposes only - if you decide not to complete this section, your eligibility as a volunteer will **not** be affected.*

Post-secondary student, studying: \_\_\_\_\_ at \_\_\_\_\_  
major institution

Permanent Resident or Canadian Citizen     Other: \_\_\_\_\_     a member of a visible minority

Indigenous/Aboriginal - I identify my status as: \_\_\_\_\_     a person with a disability

I identify my gender as: \_\_\_\_\_

What is the language you first learned and still speak?     English     French     Other: \_\_\_\_\_

## REFERENCES

**All references must have known the applicant for at least one year. We require all reference categories be completed. By completing this form, you are consenting to Volunteer Lethbridge Association staff to call the following people for the purpose of volunteer screening. Please print clearly.**

**1) Personal Reference** (must have known the applicant for at least one year)

Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone number(s) including area code/ext: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**2) Vulnerable Sector Reference** (if no volunteer or paid experienced exists in the vulnerable sector within the last five years, an employment reference is required)

Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone number(s) including area code/ext: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**3) Significant Other** (if no significant other exists, a family reference is required)

Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone number(s) including area code/ext: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**I hereby certify that all information included in this enrollment form is true and complete:**

\_\_\_\_\_  
**Volunteer Print Name and Signature** (If under 18 years, parent of guardian must sign)

\_\_\_\_\_  
**Date**



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**\*\*Initial in the blanks below:**

## CONFIDENTIALITY

In the course of your employment or volunteer enrollment, you may receive confidential information about Volunteer Lethbridge Association and its clients (including client names and contact information) and employees (collectively, "confidential information"). As such, all employees, independent contractors, volunteers, and other agents shall:

- Take precautions to protect and maintain all confidential information;
- Only release confidential information to those authorized to receive it, and then only on a need- to-know basis;
- Not disclose, publish, or disseminate (including by way of social media) confidential information to any unauthorized persons, including the media, at any time;
- Not remove confidential information from the workplace without express permission;
- Not make improper use of confidential information, either directly or indirectly
- Safeguard against unintentionally disclosing confidential information by not discussing confidential information in public or on a cell phone and by not working with confidential information on a laptop in public or transmitting such information by unsecured means.
- When your employment ends, you must immediately return all materials or property belonging to the Organization. You agree not to retain, reproduce, or use any confidential information or proprietary information or property belonging to the organization, including lists of its clients and/or employees and client charts.

## MEDIA

- To comply with applicable privacy legislation, Volunteer Lethbridge (the "Organization") requires your permission to use photographs/videos captured of you as a volunteer of the organization. The organization may use such photographs/videos on its social media accounts and for other reasonable business purposes
- You may withdraw your consent by providing reasonable notice to the program supervisor. Upon receipt of such notice, the organization will endeavour to remove your photographs/videos from advertising and recruitment materials where such removal is feasible and would not result in an undue financial cost to the organization.

## CRIMINAL RECORD

- I have no convictions under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).
- I have no charges pending under the Criminal Code of Canada up to and including the date of this declaration.
- I agree to immediately disclose to my supervisor if, during my volunteer enrollment with Volunteer Lethbridge Association, I become the subject of any criminal investigation or allegation, any child welfare investigation or allegation, or have any charges brought against me, even if the charges are pending.
- I agree to complete an offence declaration when requested, which will provide an opportunity to affirm that a Police Information Check would show nothing new, or otherwise to discuss any reportable matters. I understand that if I do not do so, my volunteer position may be suspended until it is complete.

## Or

- I agree to discuss reportable matters as described above with Volunteer Lethbridge Association.

*Volunteers are required to read Volunteer Lethbridge's Occupational Health & Safety Program & Policy Manual. This can be found on our website under "Guiding Documents".*

*Print and sign and date here confirming you have read the OH&S book*

**I hereby certify that all information included in this enrollment form is true and complete:**

\_\_\_\_\_  
**Volunteer Print Name and Signature** (If under 18 years, parent of guardian must sign)

\_\_\_\_\_  
**Date**