

PASAGE SAINT JOHN INC.
61 UNION STREET, SUITE 1210, 2nd FLOOR
SAINT JOHN, NB, E2L 1A2
TEL (506) 642-4035, FAX – (506) 633-7724
E-MAIL –

VOLUNTEER APPLICATION FORM

TODAY'S DATE _____

NAME _____
(SURNAME) (FIRST) (MIDDLE)

ADDRESS: _____

POSTAL CODE: _____ PHONE _____

EDUCATION: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN IS REQUIRED IF APPLICANT IS UNDER THE AGE OF 18 YEARS.

(PARENT OF GUARDIAN) (DATE)

HOW DID YOU HEAR ABOUT PASAGE? _____

WHY DO YOU WISH TO VOLUNTEER/WORK HERE AT PASAGE?

TIMES AVAILABLE:

DAY _____ EVENING _____ WEEKENDS _____

ARE YOU ABLE TO COMMIT A MINIMAL OF 6 MONTHS TO PASAGE?

YES _____ NO _____

ARE YOU ALCOHOL/DRUG FREE? YES ___ NO ___ HOW LONG? _____

DO YOU HAVE A CRIMINAL RECORD? YES _____ NO _____

DO YOU AGREE TO A SECURITY CLEARANCE? YES _____ NO _____

DO YOU HAVE ACCESS TO A VEHICLE? YES _____ NO _____

E-MAIL ADDRESS _____

PLEASE CHECK WHICH OF THE FOLLOWING AREAS YOU ARE MOST INTERESTED IN:

___ POWERPOINT PRESENTATIONS ___ WEB DESIGN

___ INFORMATION DISTRIBUTION ___ SALES

___ OTHER (PLEASE SPECIFY _____)

_____ (VOLUNTEER SIGNATURE)

REFERENCE (PLEASE DO NOT USE FAMILY MEMBERS)

1. NAME: _____ PHONE #: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

2. NAME: _____ PHONE # _____

ADDRESS: _____

E-MAIL ADDRESS: _____

GUIDELINES FOR VOLUNTEERS

CONFIDENTIALITY

“Whatever my secrets are,

Remember when I entrust them to you,

They are a part of me.”

Due to the serious nature of PASAGE, confidentiality is of the utmost importance to our clients, as well as to our agency.

Without the common respect for one another’s personal privacy, we would not be able to function in a reputable manner.

As a volunteer, you may be placed in a position of trust that will require complete confidentiality on your part. Failure to uphold the aforementioned trust could result in serious repercussions for both PASAGE and our clients.

We trust that all personnel, including volunteers, understand that confidentiality is the key to our success.

THIS IS TO NOTIFY THAT I, _____

WILL PERFORM THE DUTIES REQUIRED OF ME AS A VOLUNTEER/WORKER AT PASAGE. I AGREE TO KEEP CONFIDENTIAL ANY INFORMATION DISCLOSED TO ME BY ANY AND ALL INDIVIDUALS WHO ARE, OR HAVE BEEN INVOLVED IN PASAGE PROGRAMS. I AGREE NOT TO DISCLOSE OR MAKE KNOWN ANY PRIVILEGED MATTER OR THING OBTAINED WHILE WORKING WITH PASAGE UNLESS I AM GIVEN THE AUTHORIZATION TO DO SO.