



Community and  
Children's Safety Village  
of Haldimand-Norfolk



# Volunteer Package

Safety Village of Haldimand-Norfolk

678 Nanticoke Creek Parkway  
Jarvis, Ontario  
NOA 1S0

[www.safetyvillagehn.ca](http://www.safetyvillagehn.ca)

hnsafetyvillage@gmail.com

519-429-1977

Welcome

Thank you for considering the Community and Children's Safety Village of Haldimand-Norfolk as your volunteering choice.

These are exciting times for our association as we have just acquired land in Jarvis to build our Safety Village, so in turn need to fundraise in order to build our Safety Village.

This will require many volunteers over the next couple of years.

We have many opportunities for you to volunteer, please have a look at the list below and see if we have something for you. Don't see what you are looking for, then let us know how you can help us.

**Grant Writers**

**Fundraising Leaders**

**Special Event Volunteers**

**Board of Directors**

**Program Leaders**



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## Volunteer Requirements

All volunteers will:

- Fill out a volunteer application, which includes a Resume
- Complete a Criminal Reference Background check (Police Check) for Vulnerable Persons (attached) biannually
- Have an interview with a representative from the Board of Directors
- Have an orientation session once the Police Check is returned, which will include, but not limited to:
  - Organization Mission
  - Emergency Procedures and Safety Precautions
  - Dress Code
  - Volunteer Responsibility
  - Confidentiality Concerns
  - Contact Person



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## Volunteer Application Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

AREA OF INTEREST (circle all)

Board of Directions

Special Event Volunteer

Program Leader

Grant Writer      Fundraising Leader

Why do you want to volunteer for the Community and Children's Safety Village?



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## Volunteer Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

## Consent to Collection and Disclosure

I understand that the Community and Children's Safety Village of Haldimand-Norfolk will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship.

I consent to the Safety Village doing so, and I also consent to the collection and use of my personal information in order to ensure the safety of Safety Village participants, for statistical purposes, and to inform me about programs or services.

I also consent to the use of any photographs which may be taken to be use by the Safety Village in any print or promotional production material.

Signature of Applicant: \_\_\_\_\_

Signature of Parent (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_



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Date \_\_\_\_\_

To: Ontario Provincial Police

Re: Police Record Name Check Request For Volunteer

As the authorized representative of an organization that is responsible for the well-being of children and vulnerable persons, as defined in section 6.3(1) of the Crime Records Act, I hereby request that the Ontario Provincial Police conduct a search pursuant to the Act with respect to the following person who will be volunteering with The Community and Children's Safety Village of Haldimand-Norfolk.

Name of Volunteer (please print) \_\_\_\_\_

Community and Children's Safety Village

Volunteer Coordinator