



Sunrise Youth Group

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VOLUNTEER APPLICATION

Volunteer's Name: _____ Date of Birth: _____
(MM/DD/YYYY)

Address: _____
House No. & Street City Postal Code

Home Phone: _____ Cell: _____

E-mail: _____ Male Female

STUDENTS PLEASE FILL IN THIS BOX

Age: _____ Date of Birth: _____ School Name: _____ Grade: _____
(DD/MM/YYYY)

University/College Name: _____ Year: _____ Major: _____

*** Please Note, if you are 18 years or older, you will be required to have a Criminal Reference Check, including a vulnerable sector search.**

Please check the areas that may be of interest to you in your volunteer capacity with Sunrise Youth Group.

- | | | | | | |
|------------------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|
| Saturday Night Bowling | <input type="checkbox"/> | Club Nights | <input type="checkbox"/> | Dances | <input type="checkbox"/> |
| Dinner & Movie | <input type="checkbox"/> | Fundraising Events | <input type="checkbox"/> | Club Days | <input type="checkbox"/> |
| Wilderness Weekends | <input type="checkbox"/> | Cabin Retreat Weekends | <input type="checkbox"/> | Camp Wabikon | <input type="checkbox"/> |
| Oshawa Generals Games | <input type="checkbox"/> | Day Program | <input type="checkbox"/> | Blue Jay's Games | <input type="checkbox"/> |
| New Year's Eve Bash | <input type="checkbox"/> | Toronto Zoo | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please check the appropriate categories.

- First Aid Certified
- CPR Certified
- Life Guard Certified
- RPN/Nurse Certified

Sunrise Youth Group
1621 McEwen Drive #6, Whitby, ON L1N 9A5
Phone: (905) 438-9910 Fax: (905) 438-1830
volunteers@sunriseyouthgroup.ca
www.sunriseyouthgroup.ca

Charitable Registration BN# 136093036 RR0001



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Why do you want to volunteer with Sunrise Youth Group?

List any previous volunteer experience.

How did you hear about Sunrise Youth Group?

Occupation: _____

Employer's Name and Address (If applicable): _____

REFERENCES		
	Name	Daytime Phone #
1.	_____	_____
2.	_____	_____
3.	_____	_____

I authorize Sunrise Youth Group to check references listed on my application form. I agree to comply with the policies and procedures of Sunrise Youth Group.

Signature: _____ **Date:** _____
(DD/MM/YYYY)



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TO BE COMPLETED BY PARENT OR GUARDIAN OF STUDENT OVER 13 BUT UNDER 18 YEARS OF AGE.

My Son/Daughter _____ has permission to volunteer with Sunrise Youth Group. I understand that all forms given to my son/daughter, must be signed by me prior to him/her attending any programs.

Signature of Parent/Guardian: _____ **Date:** _____
(DD/MM/YYYY)

VOLUNTEER AGREEMENT

Once I have completed orientation/training with Sunrise Youth Group, by signing this section I agree to commit to three hours minimum per year. This can be varied by agreement with the Volunteer Coordinator.

Signature of Volunteer: _____ **Date:** _____
(DD/MM/YYYY)

FOR OFFICE USE ONLY

- | | | | |
|--------------------------------|--------------------------|----------------------|--------------------------|
| Completed Application Form | <input type="checkbox"/> | Interview Process | <input type="checkbox"/> |
| Criminal Reference Check (18+) | <input type="checkbox"/> | Orientation/training | <input type="checkbox"/> |
| Three character references | <input type="checkbox"/> | | |

Comments _____

Signature of Volunteer Coordinator: _____ **Date:** _____
(DD/MM/YYYY)



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VOLUNTEER MEDICAL CONSENT FORM

Volunteer's Name: _____

Health Card #: _____

Medical Insurance: _____ Policy # _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Medical Information

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

Epileptic Yes No

Medication Allergies Yes No

Hearing problem Yes No

Rheumatic Fever Yes No

Asthma Yes No

Heart Condition Yes No

Diabetic – Type 1 _____ Type 2 _____ Yes No

Currently taking Medication Yes No

Food Allergies Yes No

If yes, please list allergy _____

Other Allergies Yes No

If yes, please list allergy _____

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Wears a medical information bracelet or necklace Yes No

For what purpose? _____

Surgery in the last year Yes No

Serious Illness in the last year Yes No

Vaccinations up to date Yes No

Hepatitis Yes No

Dietary Needs (i.e. vegetarian) Yes No

If yes, please list what you can eat _____

Please give details if you answered "Yes" to any of the above. Use separate sheet if necessary:

This health history is correct as far as I/we know and I/we, the Parent(s)/guardian(s) of _____ hereby consent to our Child's attending and participating in the program(s) of Sunrise Recreational Youth Group for Developmental Handicapped (Oshawa). In the event I/we cannot be reached in emergency, I/we hereby give permission to the physician selected by Sunrise Youth Group, to hospitalize, secure anesthesia, or order injection, treatment or surgery for the person herein described. I/we understand that we will be notified as soon as possible in the event of any illness or injury and that any cost incurred will be our responsibility.

Volunteer's Signature

**Parent/Guardian's Signature
(if volunteer is under 18)**

Date (DD/MM/YYYY)

Parent Guardian



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SUNRISE YOUTH GROUP CONFIDENTIALITY AGREEMENT

Sunrise Youth Group is a unique organization where participants, volunteers, and staff come together to provide support, recreation and friendship.

Privacy of personal information is a priority for Sunrise Youth Group. All personal information, from collection, use and disclosure will be handled in a responsible manner to protect your rights.

Sunrise Youth Group protocols comply with privacy legislation standards and the law.

Sunrise Youth Group will ensure that the right to privacy of each individual, their family and community partners is respected at all times to maintain and uphold integrity and personal dignity.

I, _____ will maintain complete confidentiality regarding any information pertaining to participants, their families, volunteers and community partners which may become available to me through Sunrise Youth Group.

As you would like your privacy respected, please respect that of other families, volunteers and community partners.

(Name of Volunteer) Please Print

Volunteer's Signature

(Name of Parent/Guardian-if needed) Please Print

Parent Guardian

Parent/Guardian's Signature

Date (DD/MM/YYYY)

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Volunteer Code of Conduct

1. Alcohol and Drug Use

Sunrise Youth Group has a zero tolerance policy on the use of alcohol and illicit drugs at any program. I agree not to perform my volunteer duties while under the influence of drugs or alcohol or bring illicit drugs or alcohol to any Sunrise Youth Group event. I am aware that if I bring any alcohol or illicit drugs to a Sunrise program that I will be asked to leave and the appropriate authorities will be notified, including parents/guardians if you are under the age of 18.

2. Confidentiality

I will honour the confidentiality of (information regarding) participants, volunteers, staff, sponsors, and adhere to the established precepts of Sunrise Youth Group's confidentiality policy and procedures. I agree to consider information of a highly personal nature as confidential and therefore I understand that I am not to disclose this information without the permission of the individual concerned.

3. Non-Discrimination/Equity

I will treat everyone within Sunrise Youth Group with dignity, care and respect. I will be sensitive to and educate myself about individual and group differences. I will honour all participants' rights to self determination and agree to support individuals in making their own personal choices.

4. Relationship Boundaries

All relationships are to be kept platonic while at Sunrise Youth Group events. This means there is to be no kissing, hugging, hand-holding, or inappropriate discussions amongst volunteers.

5. Limitations

I understand that my own training, education and experience may limit my ability to assist participants and I recognize the need to ask for assistance. If I feel I am being asked to do something outside of my limits, I will ask for support and coaching from the Program Coordinator and/or peers.

6. Curfew

I understand that the curfew at all Sunrise Youth Group overnight events for both members and volunteers is 1:00am. I understand that I may be awarded the privilege of staying up past curfew at the discretion of the staff.

7. Smoking

I understand that smoking at Sunrise Youth Group programs must be done with the utmost respect for the campgrounds and other facilities Sunrise Youth Group uses. It is to be kept to a minimum during the day, and should not take place in any group area. It should never be seen by members and is only acceptable in the designated areas.

8. Member Responsibility

I understand that my primary responsibility at all Sunrise Youth Group events is the members. If I neglect this responsibility I may be asked to leave the program at the discretion of the staff.

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9. Electronic Devices

I understand that all cell phones, music playing devices, and other similar devices should be used after hours only at all Sunrise Youth Group events. I agree to not use these devices at all during day and evening programs at Sunrise Youth Group. Emergencies are the only exception to this.

10. Dress Code

I understand that Sunrise Youth Group appreciates the individuality of each volunteer attending the recreation programs events. However, it is important that the appropriate clothing be worn to create a positive image as a Sunrise Volunteer. Please refer to page 9 (Dress Code) and acknowledge with signature.

11. Language

I understand that inappropriate language should be kept to a minimum at Sunrise Youth Group events. Furthermore I understand that the word "retard" is absolutely prohibited and all derogatory terms referring to any group of people are prohibited at Sunrise Youth Group events. I agree to help maintain Sunrise Youth Group to be an inclusive environment for all types of people.

12. Violence

I understand that no verbal or physical aggression will be tolerated. Hitting, kicking, yelling, swearing at or striking anyone will not be tolerated. I understand that I will be sent home at my own expense should I not comply with this rule.

13. Respect

I agree to continue to maintain Sunrise Youth Group as a welcoming environment for everyone by respecting everyone, their personal space and their personal belongings. I will not damage personal belongings of other individuals as a prank or otherwise. I will also refrain from gossiping and talking negatively about any individual. I recognize that speaking negatively about Sunrise Youth Group (or its representatives) is detrimental to the organization. If issues arise that need to be addressed, I will do so with a staff or Board member only. I am aware that my actions and attitude affect programming. If I am not able to contribute positively to the organization, I agree to relinquish my role as a volunteer and will go home at my own expense

14. Representative

I understand that while I am at any Sunrise Youth Group event, I am a representative of Sunrise Youth Group. I agree to always be a model of the mission and vision of the organization.

15. Non- Compliance

I understand that failure to adhere to any and all parts of this code may result in the suspension from my volunteer duties and/or termination of my volunteer relationship with Sunrise Youth Group. Please refer to page 10 (Procedure for dealing with Volunteer Reprimands) and acknowledge with signature.

Volunteer's Name

Date (DD/MM/YYYY)

Volunteer's Signature

**Parent's Signature
(If volunteer is under 18)**

Parent

Guardian

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VOLUNTEER DRESS CODE

We appreciate all of you very much and the individuality each of you expresses when attending the recreation programs events. However, it is important that the appropriate clothing be worn to create a positive image as a Sunrise Volunteer.

Dress Code Guidelines Applicable to all Sunrise Youth Group Volunteers

1. No short shorts or short skirts - The "finger length rule applies" whereby skirts must reach to the fingertips of the extended arm (no shorter than 2 inches above the knee)
You MAY wear a short skirt IF you are wearing Leggings that are not "see through"/opaque, (not nylons/pantyhose).
2. No bare backs or midriffs, completely bare shoulders or under garments visible (includes tops that would expose the midriff when arms are raised).
3. No offensive graphics and/or slogans which portray violence, profanity, sex, racism, sexism, alcohol/beer, illegal substances or grotesque/obscene images or references.
4. No gang related clothing of any kind.
5. No bare feet (for health and safety reasons.)
6. Any events where there is swimming, no bikinis to be worn without cover-up.

Remember: If we can see up it, down it, or through it, then it shouldn't be worn at Sunrise or any Sunrise events.

Volunteer's Name

Date (DD/MM/YYYY)

Volunteer's Signature

**Parent's Signature
(If volunteer is under 18)**

Parent

Guardian

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PROCEDURE FOR DEALING WITH VOLUNTEER REPRIMANDS

Sunrise Youth Group relies on volunteers in the Recreation Program. Our volunteers are excellent and make a great contribution to the organization. On rare occasions, there may be volunteers who find it difficult to follow direction, or who act against the code of conduct that they have signed or speak and or act in an inappropriate way. In these cases, this procedure must be followed:

- The Staff Member in charge will pull the volunteer aside for an informal and private talk. It will be explained to the Volunteer politely, what it is that they are doing, and the effect that it may be having on other volunteers, members and staff. Ask the Volunteer to stop the inappropriate behaviour.
- If this does not rectify the situation and the Volunteer continues to disregard the rules, an incident report will be written by the Staff Member in charge. Additionally, the Volunteer will be given an official reprimand letter from the Volunteer Coordinator, explaining what the problem is. The letter will give warning that should this behaviour continue, the Volunteer will no longer be welcome at Sunrise Youth Group events.
- If this official warning has no effect and the behaviour continues, the Volunteer will be sent a letter signed by the Volunteer Coordinator telling them that they are no longer a volunteer with Sunrise Youth Group.
- **If the Staff Member in charge considers that the incident is serious and is undermining staff or other volunteers, the volunteer will be asked to leave the event and submit an incident report.**

Volunteer's Name

Date (DD/MM/YYYY)

Volunteer's Signature

Parent's Signature
(If volunteer is under 18)

Parent

Guardian

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VOLUNTEER WAIVER OF LIABILITY

I, _____ agree that Sunrise Youth Group will not be held responsible for any injury, which may occur to me, for any reason, during any of the activities within Sunrise Youth Group's programs.

I further agree that I will not bring any suit, claim, action or demand against Sunrise Youth Group, it's staff, members, others volunteers, officers or directors, for any injuries suffered relating thereof.

I acknowledge that I have read, understood and agreed with the terms of this release, waiver and discharge.

I, _____ am signing this document on behalf of the volunteer named below.

(Name of Volunteer) Please Print

Volunteer's Signature

(Name of Parent/Guardian-if needed) Please Print

Parent Guardian

Parent/Guardian's Signature

Date (DD/MM/YYYY)

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TRANSPORTATION WAIVER

I, _____ agree to allow _____
(Parent/Guardian's Name if under 18) (Member/Volunteer's Name)

To be transported by an employee or director of Sunrise Youth Group when required. I am aware that this will not be regular occurrence but may need to be done on occasion based on the circumstances of the program and its location. Sunrise Youth Group will be responsible to ensure that all drivers have been properly screened. Sunrise Youth Group will also ensure that all drivers have valid insurance. This agreement is valid for the duration of this volunteer position.

(Name of Volunteer) Please Print

Volunteer's Signature

(Name of Parent/Guardian-if needed) Please Print

Parent Guardian Volunteer (18+)

Parent/Guardian's Signature

Date (DD/MM/YYYY)

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PHOTOGRAPHIC RELEASE

I hereby give Sunrise Youth Group, its employees, and those acting with its authorization, the right and permission to use and/or publish photographs and/or video of the volunteer in promotional materials, which includes videos, catalogues, magazines, newspaper articles, brochures and websites.

(Name of Volunteer) Please Print

Volunteer's Signature

(Name of Parent/Guardian-if needed) Please Print

Parent Guardian

Parent/Guardian's Signature

Date (DD/MM/YYYY)

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