



655 King Street, Bridgewater NS B4V 1B5
902-543-1189

theark@ns.sympatico.ca

www.thearkbridgewater.org

VOLUNTEER APPLICATION FORM

**THE ARK
APPLICATION FORM**

The Ark is under no obligation to accept or assign any applicant for volunteer or paid positions. Applicants must pass the extensive screening process outlined on the attachment to this application form to be considered suitable for a position.

Name :		
SIN (Optional):		
Address:		City/ town:
Province:		Postal Code:
Phone: (Res.)	(Bus.)	(Fax)

What type of position within the organization is of interest to you? Why?

If this is not available, would you accept a different position?

Yes ___ No ___

Identify your previous volunteer position(s):

Association

Volunteer Position

What are some of your personal future goals in the community?

REFERENCES:

Name:	
Address:	
City/town:	Postal code:
Phone: (res.):	(bus.):

Name:	
Address:	
City/town:	Postal code:
Phone: (res.):	(bus.):

Name:	
Address:	
City/town:	Postal code:
Phone: (res.):	(bus.):

Authorization for collection of personal information

I, _____, (name of applicant), authorize The Ark to collect personal information appropriate to the position applied for concerning my academic background, employment history, volunteer positions, and verify the character references I have supplied. This information includes, but is not limited to, three reference checks, a police records check, and contact with the applicant's previous employer(s). I understand that the information obtained will be confidential.

Day/month/year

applicant's signature

DECLARATION OF CONFIDENTIALITY

I hereby, acknowledge that as a member of the staff or volunteer of The Ark, I may be entrusted with knowledge of the personal and private affairs of workers, transition students, staff, and volunteers and I hereby undertake not to divulge any of this knowledge nor to discuss it any time, or any place or with any unauthorized person, either during the term of my employment or volunteer time at The Ark or thereafter, except in the course of my duties as a member of staff or volunteer. I also acknowledge that a breach of this undertaking may result in disciplinary action being taken against me, inclusive of suspension and /or dismissal.

Date

Signature

I have explained the implication of signing the Declaration of Confidentiality to

_____ And I am fully satisfied he/she is aware of the necessity to hold
The Ark and workers' affairs in absolute confidence.

Date

Manager



The Ark
655 King Street
Bridgewater, NS
B4V1B5

902-543-1189

Fax 902-543-6041

Website: thearkns.org

Facebook: [arkworkplace](https://www.facebook.com/arkworkplace)

POLICE RECORDS SEARCH

FULL NAME: _____

PLACE OF BIRTH: _____

CIVIC ADDRESS: _____

CONSENT FOR CRIMINAL RECORDS SEARCH. (All Staff, Volunteers and Board Members)

CONSENT FOR VUNERABLE SECTOR SEARCH. (When directly working with Participants)

VOLUNTEER PAID EMPLOYMENT

Whereas I am interested in being considered for a sensitive position of trust and well-being of The Ark Participants to disclose whether I have any convictions or have been charged under any federal or provincial enactment.

I understand that if The Ark should decide any conviction or charge disclosure might preclude me from being involved, I will be given opportunity to see and discuss that criminal record to determine whether I present a risk to Participants.

I therefore authorize the RCMP, other Provincial or Municipal Police Service on my behalf to inquire into and determine whether I have a criminal record, and also make to The Ark Manager a full and complete disclosure of any criminal record they may find.

Signature: _____ Date: _____

Ark Management: _____

No Record.

A record exists, and a copy certified is attached.

