



# TCBC Volunteer Application

Thank you for your interest in volunteering with The Children's Breakfast Club ("TCBC"). Volunteers play a vital role in the delivery of our programs. Thank you for your proposed commitment to your community, the welfare of others, and your generous offer of assistance. Please note that all volunteer applications are reviewed with consideration of current volunteer opportunities.

PERSONAL DATA						
First Name:		Last Name:			Date of Birth: (Day, Month, Year)	
Address:	No.	Street	Apt#	Postal Code	City	Province
Phone (Home):		Phone (Work) or (Cell)			E-mail Address:	
Emergency Contact Name:			Phone (Home/Cell/Work):			
Type of Volunteer: (Please shade)						
<input type="checkbox"/> Senior		<input type="checkbox"/> Adult (working)		<input type="checkbox"/> Student (attending High School)		
		<input type="checkbox"/> Adult (retired, not working)		<input type="checkbox"/> Student (attending Post Secondary)		
May we contact you using the personal data above?				Are you 16+ years of age?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No		Addition Details:		<input type="checkbox"/> Yes
						<input type="checkbox"/> No
A Parental or Guardian Signature is required for Volunteer Applicants <b>under the age of 18</b> . I am the Applicant's parent and/or guardian and I hereby consent to the Applicant's participation as a TCBC volunteer.						
Name (Print): _____			Signature: _____			
EDUCATION AND SKILLS						
English:		French:		Other: _____		
<input type="checkbox"/> Written		<input type="checkbox"/> Written		<input type="checkbox"/> Written		
<input type="checkbox"/> Spoken		<input type="checkbox"/> Spoken		<input type="checkbox"/> Spoken		
Highest Educational Background: (Please shade) <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Trade						
Past Studies:			In what field?			
Current Occupation (if applicable):				Licenses, Certifications:		
Hobbies, Skills, Interests:						
Previous Volunteer Experience:						
TCBC Volunteer Experience:						
Have you ever volunteered for TCBC in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please indicate (a) the TCBC location where you volunteered and (b) the name of your supervisor:						
(a) _____						
(b) _____						

## AVAILABILITY

When are you available to volunteer? (Please shade preferences)

- Days       Evening       Weekends       Occassionally       Flexible
- Virtual Volunteer (Volunteer with specialized skills who helped assist offsite)

Other: \_\_\_\_\_

## PREFERENCES IN VOLUNTEERING

Areas of Interest (Please shade all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Serving Breakfast    | <input type="checkbox"/> Gardening/Environment | <input type="checkbox"/> Communications              |
| <input type="checkbox"/> Food/Hospitality     | <input type="checkbox"/> Transportation/Driver | <input type="checkbox"/> Fund Raising                |
| <input type="checkbox"/> Special Events       | <input type="checkbox"/> Leadership/Management | <input type="checkbox"/> Intern Opportunities        |
| <input type="checkbox"/> Teaching/Tutoring    | <input type="checkbox"/> Sports/Recreation     | <input type="checkbox"/> Disability Services         |
| <input type="checkbox"/> Marketing/Promotions | <input type="checkbox"/> Social Work           | <input type="checkbox"/> General Volunteer           |
| <input type="checkbox"/> Office Work          | <input type="checkbox"/> Public Relations      | <input type="checkbox"/> Other please specify: _____ |
| <input type="checkbox"/> Arts/Culture         | <input type="checkbox"/> Media Relations       | _____  |
| <input type="checkbox"/> Outdoor Activities   | <input type="checkbox"/> Accounting/Finance    | _____  |

## BACKGROUND VERIFICATION

1. Please list two professional, non-family, non-friend references that we may contact :

By providing the names noted below, I authorize TCBC to contact these individuals in order to obtain information as to my character, employment history and volunteer experience. \_\_\_\_\_ (Signature)

a) \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

b) \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Are you bondable?       Yes       No

3. Have you ever been convicted of a criminal offence to which a pardon has not been granted?       Yes       No

4. Do you consent to a Police Records Check? \*       Yes       No

**\* Please note that all TCBC Volunteer Applicants are required to obtain and provide updated Police Records Checks.**

In adherence to the Personal Information Protection and Electronics Documents Act (PIPEDA) the information that TCBC has collected on this application is strictly for internal use only. This information will not be shared with any external parties. The personal information gathered from this application will be used and retained by TCBC in connection with the assessment of this application, including checking references and verifying contact information.

I hereby declare that to the best of my knowledge the foregoing information is true, complete and correct. I understand that a false statement would disqualify me from volunteering. I also understand that volunteering with TCBC is conditional upon satisfactory references and a Police Records Check that is either negative (i.e. no criminal record) or is free from indication of any criminal activity that would represent a risk to clients, families, staff, volunteers and visitors. I further understand that all TCBC volunteers are required to adhere to the provisions and conditions of the TCBC Volunteer Agreement, which is attached as Schedule "A", and the TCBC Volunteer Code of Conduct which is attached as Schedule "B". I have reviewed the TCBC Volunteer Agreement and the TCBC Volunteer Code of Conduct and agree to (a) execute these documents and (b) adhere to the provisions and conditions set out therein in their entirety in the event that I am accepted as a TCBC Volunteer.

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

## OFFICE USE

Interview Date : \_\_\_\_\_ Police Check: \_\_\_\_\_

Placement : \_\_\_\_\_

## Schedule A – Volunteer Agreement

I, \_\_\_\_\_ have read, understand and agree to abide by the conditions listed below:

- 1) Will never be alone with individual children;
- 2) Will not exchange telephone number, home address, email address or other home directory information with children for any purpose;
- 3) Will uphold TCBC's interests at all times;
- 4) Will conduct myself in an acceptable and professional manner while representing TCBC;
- 5) Will not accept any financial compensation whatsoever as I am not an employee of TCBC

## Schedule B – Code of Conduct

The role of volunteer is critical to the success of any activity, and in carrying out the assigned responsibilities, each volunteer is expected to:

- 1) Be on time for the volunteer service and prepared to do the job assigned to you;
- 2) Work with other volunteers as a team;
- 3) Treat everyone fairly and be respectful when dealing with other members of the community as well as with people involved in all activities;

Please mail **Volunteer Application** to:

The Children's Breakfast Clubs  
c/o American Express Canada  
2225 Sheppard Avenue East  
Suite 100  
Toronto, ON, M2J 5C2

Phone: (437) 836-6222

Email: [znanji@breakfastclubs.ca](mailto:znanji@breakfastclubs.ca)

Visit TCBC website: [www.breakfastclubs.ca](http://www.breakfastclubs.ca)

