



Literacy Nipissing  
347 Sherbrooke Street, Suite 301  
North Bay, Ontario P1B 2C1  
Tel.: (705) 494-9416 ❖ Fax: (705) 494-9856  
Email: northbayliteracy@on.aibn.com  
Website: www.literacynipissing.ca

## Volunteer Application Form

### Basic Information

Name:

Address:

Postal Code:

#### Contact Numbers

Home:

Work:

Ext.:

E-mail:

### Volunteer Information

Related Work Experience:

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Related Volunteer Experience:

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Why have you decided to volunteer with Literacy Nipissing?

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### Volunteering Preferences

How can you help us?

Volunteer Tutor _____	Computer Support _____
Office Volunteer _____	Website Support _____
Committee Work _____	Newsletter Support _____
Board Support _____	Student Group Support _____
Library Support _____	Telephone Committee _____
Fundraising Support _____	Other: _____

When are you available?

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Weekends \_\_\_

When is the best time of day for you?

Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

What are your student preferences?

Female ___	Male ___	
Would you tutor a student with physical or developmental challenges?	Yes	No
Would you tutor an English as a Second Language student?	Yes	No
Would you tutor a student with a criminal record?	Yes	No
Would you tutor students in a small group?	Yes	No

Which subjects do you feel comfortable tutoring?


Please let us know about your hobbies and interests.




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### Volunteer Agreement

**Please read the following carefully.**

I understand that I am responsible for attending the student meetings and other volunteer work that I agree to. I recognize that I may lose my volunteer opportunity if I continuously miss sessions and/or attend late. I will be responsible for a two-hour session each week and will forward my Monthly Report in a timely fashion (by the 5<sup>th</sup> of each month). I will call my student and Literacy Nipissing in advance if I cannot attend a session. I will supply Literacy Nipissing with an up-to-date Police Record Check. I will honour my confidentiality agreement both during and after my volunteer work with Literacy Nipissing.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Authority:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you very much for becoming a Literacy Nipissing volunteer!**

**We look forward to working with you.**

The information on this form is collected in order for the Ministry of Training, Colleges and Universities to administer the Literacy and Basic Skills Program.

Information on this form is collected under the authority of the Ministry of Education Act, R.S. O. 1990, c.E.2.

If you have any questions about the collection or use of this information, contact the Co-coordinator, Freedom of Information and Privacy, Ministry of Training, Colleges, and Universities, Mowat Block, 18<sup>th</sup> floor, 900 Bay Street, Toronto, Ontario, M7A 1L2; telephone (416) 325-2626.

I warrant that all information described above is, to the best of my knowledge, correct, and hereby consent and authorize the release and disclosure of that information to the representatives of the Ministry of Training, Colleges, and Universities for the purpose of administering the Literacy and Basic Skills (LBS) Program.



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All staff, volunteers, clients, and placements are required to sign a “Pledge of Confidentiality” in order to participate in our programs. Any violation of confidentiality is cause for disciplinary action up to and including dismissal.

Reference: *Human Resources Policy 06-01-09 – Confidentiality and Privacy*

## Pledge of Confidentiality

I understand that all personal information pertaining to Literacy Nipissing personnel, clients, volunteers, and placements is to remain confidential. I agree not to disclose any confidential information to anyone outside the agency, nor to persons inside the agency who have no reasonable need to know, without the written consent of the individual concerned.

Example: Any discussions (oral or written) that may identify personnel, clients, or volunteers and their particular circumstances.

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I, \_\_\_\_\_, have read, understand, and agree to the conditions outlined above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_ Witnessed by: \_\_\_\_\_



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## Photographic, Video, Audio Release / Consent Form

I, \_\_\_\_\_ agree to and provide permission for the photographic, video, audio, or any other form of electronic recording of me for and on behalf of Literacy Nipissing.

I accept and agree that Literacy Nipissing will keep the ownership of any photographic, video, audio or any other form of electronic recording.

I authorize the use or reproduction of any recordings referred to above for any reasonable purpose with the discretion of Literacy Nipissing, without compensation.

I understand that Literacy Nipissing may show all or part of the photos and videos, using my likeness for positive public education purposes and I authorize them to do so.

“Purposes” for the photographs, videos, audio recordings or other electronic recordings includes use or publication in:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Website</li><li>• Newspaper or Magazine</li><li>• Workshops/Presentations</li><li>• Literacy Nipissing Social Media</li></ul> | <ul style="list-style-type: none"><li>• Flyers</li><li>• Brochures</li><li>• Other _____</li></ul> |
|---|--|

\_\_\_\_\_  
NAME(Please print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS NAME (Please print)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE



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**Accessibility Standards for Customer Service  
Ontario Regulation 429/07  
Training Acknowledgment**

Ontario's first standard under the act – customer service – is now law. This standard applies to all businesses and organizations that provide goods or services and have at least one employee. Under this standard, businesses must train staff about serving customers with disabilities. This training must be provided to everyone who:

- Deals with members of the public or other third parties (e.g., business clients)
- Develops customer service policies

All board members/volunteers/staff/trainers/students/and placements with

Literacy Nipissing are required to complete the free online *Serve-Ability: Transforming Ontario's Customer Service* e-learning course. This e-learning course will improve the quality of your customer service, help you better serve customers with different disabilities and help you meet your legal obligations under the Accessibility Standards for Customer Service.

To access the course go to the online site provided by email.

<http://www.mcass.gov.on.ca/en/serve-ability/index.aspx>

I, \_\_\_\_\_, acknowledge completing the  
PRINT NAME

*Serve-Ability: Transforming Ontario's Customer Service* e-learning course.

Signature \_\_\_\_\_ Date \_\_\_\_\_