

AUTISM FOR LIFE FOUNDATION

VOLUNTEER REGISTRATION FORM

To ensure the security and safety of our board, members, employee's contractors, and beneficiaries all volunteers seeking to be a part of our foundation will need to successfully register and complete our ten-step screening process annually. Moreover, You must be 21 years of age or older to register as a volunteer with the Autism for Life Foundation (AFLF) & we will require a Vulnerable Sector & Intervention Record Check. AFLF's director (s), beneficiary's, employee (s), and member (s) are not required to apply to volunteer. The information being collected on this application and all other volunteer forms will be held in strict confidence and in accordance with our privacy policy.

VOLUNTEER: Someone who assists an organization with their daily activities, operations, and delivery of services including volunteer drivers, peer support with digitally.

VOLUNTEERS DO NOT INCLUDE:

| | |
|---------------------------------------|--------------------------------------|
| GUEST SPEAKERS | PRESENTERS |
| INDEPENDENT CONTENT CREATORS | PARENTS ASSISTING THEIR OWN CHILDREN |
| MEMBERS IN THEIR POSITION AS A MEMBER | INDEPENDENT CONTRACTORS |

Volunteers are the driving force of our foundation, you add ineffable value (s) and experience (s), that our beneficiary's would not have access to otherwise. With your help you will be ensuring the beneficiaries achievement, community integration, citizenship, personal development, and character building. AFLF is enriched by your incredible participation making us unstoppable and ensures we stand out from the rest! We welcome your involvement and encourage you to help us provide an even greater communal experience for all community members impacted by our foundation.

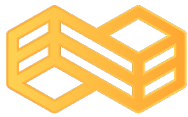
OUR COMMITMENT & OBLIGATION TO OUR BENEFICIARY'S & VOLUNTEERS

- i. We will provide written information, training, and support to you as a volunteer;
- ii. We will provide all incident report forms and ensure you are trained for incidents that could arise;
- iii. We will ensure adequate supervision is in place and will provide constructive feedback on volunteer performance;
- iv. We will respect the skills, dignity, and individual needs of the volunteer, and adjust to accommodate individual requirements whenever possible;
- v. We will be receptive to feedback from you as volunteer regarding ways in which we might improve our service and mutually accomplish our respective tasks;
- vi. We will maintain our commitment to the health and safety of all volunteers, staff and patrons and conduct ourselves accordingly;
- vii. If at any time you require accommodations to volunteer, please advise us immediately, we are here to support all of our Volunteers to ensure we all prosper together;

"Volunteers are not paid, not because they are worthless, but because they are PRICELESS."

-Anonymous.

Before you complete our application, please be advised that we have a ten-step screening process that includes the following: Application, Assessment, Follow-up and Feedback, Interview, Orientation and Training, Police Checks, Position – Assignment, Recruitment, References, Support, and Supervision.



AUTISM FOR LIFE FOUNDATION

PLEASE FILL OUT THE FOLLOWING FORM TO THE BEST OF YOUR ABILITY
Please advise us if you need any accommodation (s) and/or assistance.

Your Name: (Last Name, First Name)

He/Him She/Her They/Them Ze (or Zie)

If different from above, the name your Police Information
Check (PIC) was registered under:

Date of birth: (YYYY/MM/DD)

Mailing Address: (with Postal Code)

Daytime Phone:

Evening Phone:

Cell Phone:

Do you have family members receiving the foundations services? No Yes
If yes, please provide their name:

Area you wish to volunteer in:

You may be asked to provide at least three references:

Name of Reference:

Telephone Number:

Name of Reference:

Telephone Number:

Name of Reference:

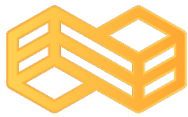
Telephone Number:

Do you have a criminal record for which you have not received an official pardon? No Yes

Have you completed a Police Information Check (PIC) previously? No Yes

If you answered yes, where, and when? _____

Name of Business | Organization. Date (YYYY/MM/DD): _____



AUTISM FOR LIFE FOUNDATION

VOLUNTEER INTAKE QUESTIONNAIRE | PLEASE CHECK ALL THAT APPLY

- i. Administrative Assistant
- ii. Assisting new commers who are ELS and on the Spectrum
- iii. Board of Directors
- iv. Committees
- v. Writing and/or creating blog articles
- vi. Presentations to families and/or to professionals about AU
- vii. Fundraisers such as casinos, 50/50 raffles, and/or other fundraising opportunities
- viii. Delivery of clothing and food hampers to beneficiaries that do not have access to a car
- ix. Assisting with and/or creating public and digital events
- x. Public peaking, content creation, marketing campagnas, and/or interviewed by reporters
- xi. Facilitating online social support groups via Teams, Google, and/or Zoom
- xii. Other: _____

COMMUNITY & SOCIAL SUPPORTS VOLUNTEER ACKNOWLEDGEMENT: The following is an acknowledgment by you the volunteer & AFLF.

AS A COMMUNITY & SOCIAL SUPPORTS VOLUNTEER (PLEASE INITIAL):

I will follow the roles and responsibilities as outlined in my position description _____

I will volunteer for the minimum volunteer commitment as outlined in my position description _____

I will disclose any information regarding criminal charges or criminal activity that may affect my criminal record to my volunteer supervisor _____

I will attend all mandatory training sessions unless alternatives have been arranged _____

I will maintain a high commitment to my personal health and safety and that of fellow volunteers, beneficiaries, contractors, members, and/or board members, and will immediately report any incidents, concerns and/or accidents to my supervisor _____

I will sign in and out during every shift and accurately record my volunteer hours online through Volunteer Connector <https://www.volunteerconnector.org> _____

I will behave in accordance with the Autism for Life Foundations Code of Conduct & Privacy Policy _____

I understand and accept the volunteer waiver statements (found in orientation summary handout) _____

I will be respectful to employees, contractors, members, beneficiaries, and fellow volunteers at all times _____

I will be reliable, prompt, and will notify my supervisor if I am unable complete my scheduled shift _____

I will be receptive to constructive feedback from my supervisor _____

I will not receive monetary compensation for my volunteer services or time _____

I will not be considered an employee of the Autism for Life Foundation (AFLF) _____



AUTISM FOR LIFE FOUNDATION

VOLUNTEER POLICIES:

- i. Learn to be comfortable with silence. Persons on the Spectrum appreciate a good listener rather than a talker, you will not share your personal and/or medical information or request this information from the beneficiaries.
- ii. Refrain from asking leading questions that will probe into any beneficiaries, employees, and/or member's personal or family life. Everyone has a right to privacy even if they are not aware of our privacy laws.
- iii. Please understand and accept the beneficiaries for their aspirations, backgrounds, manners, values, vocabulary, as they may be different from yours, and this is okay and does not need to be changed.
- iv. All persons appreciate a cheerful smile from their Volunteer, a smile can be the difference between someone being with us or not, and facilitates acceptance, community, and warmth.
- v. Don't try to handle difficult situations yourself! Refer and report in writing (incident report form) about the matter immediately to the foundation, email this form to info@autismforlife.org
- vi. If you must be absent, please notify the foundation, as far in advance as possible, failure to no show your volunteering responsibilities can result in the termination of your position.

VOLUNTEER CODE OF ETHICS:

AS A VOLUNTEER, WE WOULD LIKE TO ADVISE YOU OF THE FOLLOWING CONDITIONS:

- i. Confidentiality is of the utmost importance in order to ensure that the dignity and worth of beneficiaries, members, employees, volunteers is honored;
- ii. There will be absolutely no personal and/or sexual relationships between any volunteers and/or beneficiaries at any point in time even if you are no longer a volunteer.
- iii. Any information collected, used, generated, and stored by AFLF including beneficiary, operation, financial, and/or administrative information is strictly confidential and is to be used only in the performance of volunteer duties;
- iv. You may not disclose, communicate, publish, take, alter, copy, interfere with, and/or destroy any information unless you are specifically authorized to do so by the foundation;
- v. You must notify the foundation of any new criminal charges at the time the charge is made;
- vi. All volunteers must complete an annual Volunteer Registration and have a valid security clearance through the Calgary Police Service's Vulnerable Sector Check;
- vii. Volunteers are encouraged to discuss any concerns that may arise with the foundation;
- viii. Gossip is a negative, harmful, and/or an unacceptable form of communication that is not condoned by the community and/or foundation;
- ix. Volunteer time should not be used to discuss your personal life in any manner;
- x. The foundation's board, members, employees, and volunteers have specific roles to play and it is important that all individuals operate as a team;
- xi. Volunteers are to ask for clarification of any instructions and/or procedures they are unclear about;
- xii. You as a volunteer can assist greatly in enhancing the beneficiaries and communities learning by working positively and cooperatively with the foundations team;
- xiii. Any failure to comply with these conditions of our Policies or Code of Conduct, Administrative Regulation, will result in the immediate termination of your position as a Volunteer with AFLF;



THE DUTY OF CARE

The duty of care is the fundamental principle and premise underlying the question of screening. Duty of care is a legal principle which identifies the obligations of individuals and organizations to take reasonable measure to care for and to protect their clients to an appropriate level or standard. If the clients are vulnerable, if they cannot protect, defend, or assert themselves, permanently or temporarily, because of age, disability, or circumstances, then that duty becomes more intense and the standard higher. Duty of care captures equally well the ethical and moral obligations of organizations. One way the organization can fulfil its legal, ethical, and moral duty of care towards clients is through careful screening of the people who provide services.

—The Screening Handbook: Protecting Clients, Staff and the Community. Lorraine Street, 1996

STANDARD OF CARE

The standard of care refers to the degree or level of service, attention, care, and protection that one owes another according to the law, usually the law of negligence. The required standard varies according to the circumstances of each situation. The reasonable or prudent person standard, the standard of care expected in individual circumstances is that of the reasonable or prudent person. To determine what standard of care should be in a particular situation, the following questions would be asked:

- What are the risks involved in a situation, given the nature of the activity, the participants, the setting, the availability of support or assistance, and the other relevant factors?
- What would a reasonable person of average judgement, skill, and experience, be expected to do – or not do – under these circumstances?
- What consequences of an action – or lack of action – would a reasonable person of average judgement skills, memory, and experience be expected to foresee?

— (Page 1.5 The Screening Handbook, 1996, Lorraine Street)

BY SIGNING THIS VOLUNTEER REGISTRATION FORM, I AM AGREEING TO THE CONDITIONS OUTLINED.

Printed Name

Signature

Date (YYYY/MM/DD)

YOUR INFORMATION IS BEING COLLECTED UNDER THE AUTHORITY OF SECTION 7-14 OF THE *PERSONAL INFORMATION PROTECTION ACT* (PIPA) AND *THE HEALTH INFORMATION ACT* (HIA) AND MAY BE USED FOR THE ADMINISTRATION OF AUTISM FOR LIFE FOUNDATIONS VOLUNTEER PROGRAMS. YOUR PERSONAL INFORMATION IS PROTECTED BY THE PRIVACY PROVISIONS OF PIPA AND HIA. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION, CONTACT OUR PRIVACY OFFICER AT INFO@AUTISMFORLIFE.ORG FOR FURTHER INFORMATION.