

# **GROUP** VOLUNTEER APPLICATION

Revised: August 2016

Use this form if	☐ The g	oup will maintain a	current volunteer	contact person.		
	☐ The contact person will complete all parts of this application for the group.					
	☐ The contact person will take all necessary STARS volunteer training.					
	☐ The contact person will ensure that the group provides and maintains a current certificate of insurance for general liability insurance that covers all members of the group.					
	☐ The contact person will provide evidence that the group has screened its members for the level of risk in their volunteer jobs.					
	The contact person will ensure that the group provides sufficient training to its members for the duties and risks of their volunteer jobs.					
	☐ The contact person will ensure that every member of the group completes a Schedule A.					
Group Name						
Business		Community Organization		Government		
Address						
City		Province		Postal Code		
Is this group a brai	nch, chapter, or	subsidiary?	Yes 🔲		No 🗆	
Parent Organization						
Group Volunteer	Contact					
First Name			Last Name			
Cell Phone			Work Phone			
Email						
Occupation			Title			
Address						
City		Province		Postal Code		
Our group is interested in volunteering for STARS because						
The number of people from our group that we expect to volunteer is  We have a specific date, event, or job that we would like to volunteer for and it is					ob that we	

## VOLUNTEER CODE OF CONDUCT

I understand that the behavior of every member of my group affects how others view STARS. On behalf of my group and its members, I commit to STARS values when we are volunteering or representing STARS in the community:

### Safety

- I understand and follow safety procedures.
- When I am unsure of a policy or procedure, I will ask for more information.
  When I see a safety issue, I will report it.
  I help other people notice hazards and stay safe.

- I will respect and obey the laws of all jurisdictions where I volunteer.
- I will report any illegal or unethical behaviour to STARS. I will abstain from any use of alcohol or drugs prior to and while volunteering with STARS.

#### Teamwork

- When a job needs doing, I will help my team get it done. I work to understand my job and how it fits into the team.
- I help other people by sharing information and helping them understand their jobs.

# Accountability

- I understand what my responsibilities are and do my best to meet them.
- I follow through on my commitments and show up when I promise to.
- Laccept and use feedback to improve
- When there is an issue or I see things that could be improved, I give timely feedback to STARS.
- I disclose conflicts of interest.

#### Respect

- I treat others the way that I would like to be treated.
- I recognize and appreciate the value of other team members and the contributions that they make.
- I try to understand the expectations that others have of me.
- I engage in positive conversations and avoid gossip.
- When people share concerns or criticisms, I pass these along to the right person instead of trying to deal with it myself.

#### Spirit

- I believe in the STARS mission and that STARS helps my community.
- I feel that STARS values align with my personal values
- When I volunteer, I know that I am an ambassador for STARS and people look to me as an example.
- I understand that every volunteer and staff person is here to support the STARS mission.
- I recognize and celebrate that the people that I work with have different motivations for volunteering

I understand that there will be situations that are not covered by policies and procedures. In those situations, I will be mindful of STARS values, use good judgment, and contact a STARS employee for guidance.

# **ENDING MY ACTIVE VOLUNTEER STATUS**

I may end my group's active volunteer status by taking ANY of the following actions:

- Giving written notice to STARS; or
- Declining to complete a screening or training requirement; or
- Allowing more than 24 months to pass without a recorded volunteer shift with STARS.

I understand that STARS policies and procedures also allow STARS to end my group's active volunteer status.

# **PRIVACY**

I understand that STARS collects and maintains information about volunteer applicants, active volunteers, and former volunteers for the purposes of:

- Determining suitability for volunteer roles;
- Ensuring that volunteers are trained for their roles;
- Communicating with volunteers about STARS and its volunteer program;
- Communicating with emergency contacts or next of kin in the event of an incident involving a volunteer;
- Recognizing the contributions of volunteers;
- Measuring and reporting volunteer impact; and
- Managing organizational risk.

I understand that I may access copies of my group's volunteer records held by STARS by contacting volunteer@stars.ca. I may request corrections to my records.

I understand that STARS maintains a privacy policy that I may request at any time and that is available online at http://stars.ca/stars-priva cy.html. I also understand that STARS may update its privacy policy from time to time.

On behalf of my group and its members, I consent to the collection and use of personal and organizational information by STARS.

## **GROUP VOLUNTEER SCREENING**

I understand that, as the group volunteer contact person, I am required to:

- Complete a group volunteer application on behalf of my group;
- Agree to the Code of Conduct on behalf of my group; and
- Complete all orientation and onboarding training

I understand that from time to time, STARS may ask me and members of my group to renew our screening or training and that this may be required for my group to continue volunteering with STARS.

I understand that I am required to include evidence with this application that shows that my group:			
	Has general liability insurance that covers all members of the group; I have attached a current Certificate of Insurance showing general liability coverage that covers all members of my group.		
	Screens its members to a level appropriate for the risk involved in volunteering with STARS; I have either attached a summary of our group member screening procedures or described them here:		
	Provides training to its members for the jobs that they will be doing; I have either attached a summary of our group member training procedures for volunteering or described them here:		
	Ensure that EVERY member of my group that volunteers completes a Schedule A; I have attached a complete Schedule A for EVERY member of my group that will be volunteering.		

# AGREEMENT

I understand that this form SUMMARIZES the policies, procedures, and processes that apply to STARS volunteers and that I may request the complete volunteer policies from STARS.

I understand that from time to time STARS may, at its sole discretion, change or update its policies, procedures, and processes.

I have the authority to enter into agreements on behalf of my group and its members. I have read, understand, and agree to the:

- Volunteer Code of Conduct;
- Privacy statement; and
- Group Volunteer Screening statement and checklist.

Name				
Signature				
Title				
Group Name				
Date				
	Month	Dav	Year	

Submit complete applications to:

Volunteer Coordinator STARS Foundation

1441 Aviation Park NE, Box 570 Calgary, AB T2E 8M7

403 274 9569 (fax)

STARS values diversity and will not discriminate against any volunteer because of race, nationality, religion, creed, colour, gender, age, marital status, family relationship, parental status, ethnic or national origin, political beliefs, sexual orientation, medical condition, or physical/developmental disabilities, and will provide reasonable assistance for persons to carry out duties.



# **GROUP VOLUNTEER APPLICATION SCHEDULE A**

#### VOLUNTEER CODE OF CONDUCT

I understand that my behavior affects how others view STARS. I commit to STARS values when I am volunteering or representing STARS in the community:

#### Safety

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- When I am unsure of a policy or procedure, I will ask for more information.
- When I see a safety issue, I will report it.
- I help other people notice hazards and stay safe
- I will respect and obey the laws of all jurisdictions where I volunteer.
- I will report any illegal or unethical behaviour to STARS
- I will abstain from any use of alcohol or drugs prior to and while volunteering with STARS.

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- I accept and use feedback to improve.
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- When I volunteer, I know that I am an ambassador for STARS and people look to me as an example.
- I understand that every volunteer and staff person is here to support the
- I recognize and celebrate that the people that I work with have different motivations for volunteering

I understand that there will be situations that are not covered by policies and procedures. In those situations, I will be mindful of STARS values, use good judgment, and contact a STARS employee for guidance.

# VOLUNTEER SCREENING AND STATUS

I understand that I am completing this form in order to volunteer with STARS as part of my group.

I understand that this means that my group will have active volunteer status with STARS and that I will not. While volunteering with STARS as part of my group, my volunteer activities will be limited to those that my group assigns me to

I understand that if I want to have active volunteer status as an individual. I will need to complete an Individual Volunteer Application and complete all required volunteer screening and training.

# CONFIDENTIALITY

I understand that in the normal course of my duties for STARS, I may become aware

I understand that confidential information is information of a proprietary, technical. business, personal, or financial nature, and includes all information that might be of use to others if disclosed.

In all cases, I will NOT disclose confidential information to any person outside of STARS unless authorized to do so or legally compelled. I will take reasonable care to protect confidential information, including personal and patient information, from theft or unauthorized access, alteration, or misuse.

#### CONFLICT OF INTEREST

I understand that while I am volunteering for STARS I am expected to avoid entering. or appearing to enter, into a position where my personal interests, business activities, or other activities might be, or appear to be, in conflict with those of STARS or its stakeholders.

I understand that conflict of interest situations are those which may compromise the reputation of the organization, the financial status of STARS, the interests of persons served by STARS, or the performance of personnel.

If I am in a real or perceived conflict of interest, I will report it to STARS and I will work with STARS to attempt to resolve all disclosed conflicts of interest in good faith.

# **PRIVACY**

I understand that STARS collects and maintains information about volunteer applicants, active volunteers, and former volunteers for the purposes of:

- Determining suitability for volunteer roles;
- Ensuring that volunteers are trained for their roles;
- Communicating with volunteers about STARS and its volunteer program;
- Communicating with emergency contacts or next of kin in the event of an incident involving a volunteer;
- Recognizing the contributions of volunteers; Measuring and reporting volunteer impact; and
- Managing organizational risk.

I understand that, as a member of a group, STARS may share information about my volunteer activities with my group volunteer contact.

I understand that I may access copies of my personal records held by STARS by contacting volunteer@stars.ca. I may request corrections to my records.

I understand that STARS maintains a privacy policy that I may request at any time and that is available online at <a href="http://stars.ca/stars-privacy.html">http://stars.ca/stars-privacy.html</a>. I also understand that STARS may update its privacy policy from time to time.

I consent to the collection and use of my personal information by STARS.

# CONSENT TO USE OF NAME, IMAGE, AND COMMENTS

I grant permission to STARS to use my name, any photo or video images of me, and any comments made by me in writing or otherwise, for promotional purposes in any form of media (e.g., TV, radio, print, websites, or social media).

# **AGREEMENT**

I understand that this form SUMMARIZES the policies, procedures, and processes that apply to STARS volunteers and that I may request the complete volunteer policies from STARS

I understand that from time to time STARS may, at its sole discretion, change or update its policies, procedures, and processes

I have read, understand, and agree to the:

- Volunteer Code of Conduct:
- Confidentiality statement;
- Conflict of Interest statement;
- Privacy statement; and
  - Consent to Use of Name, Image, and Comments.

Name			
Signature			
Title			
Group Name			
Date			
	Month	Dav	Year

Submit Schedule A as part of a package with the Group Volunteer Application.

STARS values diversity and will not discriminate against any volunteer because of race, nationality, religion, creed, colour, gender, age, marital status, family relationship, parental status, ethnic or national origin, political beliefs, sexual orientation, medical condition, or physical/developmental disabilities, and will provide reasonable assistance for persons to carry out duties.