

# ORCA BUS

## Volunteer Application Form

**NOTES:**

Before filling out the application form consider the time you have available to volunteer as well as they kind of volunteer work you are interested in. People volunteering to work on the bus will be asked to participate in a short interview. You must be 15 years or older to volunteer; minors (under age 18) must also have a parent or guardian sign the application form.

**General Information:**

Mr/Mrs/Ms \_\_\_\_\_ m/\_\_\_\_d/\_\_\_\_y/\_\_\_\_  
(Last Name) (First Name) (Preferred Name) (Date of Birth)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class of License: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Area of Interest: Driver: \_\_\_\_\_ Helper on Bus: \_\_\_\_\_ Helper off Bus: \_\_\_\_\_

Please let us know the volunteer role(s) you are interested in:

- Regular Scheduled Runs on the Bus: (circle all days/times you are available)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Afternoon	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

-Special Events:

-Parade Support: \_\_\_\_\_

-Event Days: \_\_\_\_\_

-ORCA Bus Committee work: \_\_\_\_\_

**Personal Information:**

Any particular activity or talent you wish to participate in or share on board the Bus? \_\_\_\_\_

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Please describe any experience you have working with children:

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Please describe any experience you have driving larger vehicles:

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Do you have any health issues that we should be aware of?

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Any medications we should be aware of in case of emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Medications: \_\_\_\_\_

### **Reference Checks:**

Please provide contact information for two individuals who have known you for more than two years, are 18 years or older, and are not related to you. Success by 6 (ORCA Bus) staff will contact your references; all information received will be treated confidentially.

**First Reference** (Please provide complete information including postal code):

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Second Reference** (Please provide complete information including postal code):

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **PLEASE NOTE:**

If you are unable to come as scheduled you must call Kim (604) 485-2132 (ORCA Bus Office) 604-483-8382 (cell) or 604-485-3931 (home) as soon as possible so we can arrange a substitute for your position.

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**Freedom of Information:**

*The information collected by Success by 6 (ORCA Bus) complies with the conditions set in the Freedom of Information Protection and Privacy Act. Success by 6 (ORCA Bus) is required to obtain consent from you in order to collect personal information. You have the right to see, and ask for any information collected. Success by 6 treats all information as confidential and does not release it to any other organization.*

**Liability Release:**

*As a volunteer with the ORCA Bus, I acknowledge the risk and potential risk of the ORCA Bus project. However, I feel that the possible benefits to myself and the children and families I work with are greater than the risk assumed.*

Date: _____/_____/_____ (Month/Day/Year)	(Signature of Volunteer)
Date: _____/_____/_____ (Month/Day/Year)	(Signature of Parent/Guardian if Volunteer is under 18 years)
Date: _____/_____/_____ (Month/Day/Year)	(Witness)

**Standards of Confidentiality:**

*I, \_\_\_\_\_, recognize that my role as a volunteer with the ORCA Bus will entitle me to certain information about children and families which should be treated as confidential. All information given to me by a parent, volunteers and ORCA staff, in relation to a child or family, will be discussed only with ORCA Bus personnel.*

*At no time will I discuss information about children and families with other parents, other individuals or community members. I understand and agree that all written material pertaining to a child or family must be kept confidential and is not to be removed from the bus.*

Date: _____/_____/_____ (Month/Day/Year)	(Signature of Volunteer)
Date: _____/_____/_____ (Month/Day/Year)	(Signature of Parent/Guardian if Volunteer is under 18 years)
Date: _____/_____/_____ (Month/Day/Year)	(Witness)

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**Photo Release Form:**

*I, \_\_\_\_\_, give my consent to Success by 6 (ORCA Bus) to use and/or reproduce any and all photographs and/or audiovisual materials taken of me for promotional/educational/advertising and other activities, including the website and blog for the benefit of the program. I understand I will not receive financial compensation for the use of any photographs or other media.*

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year) \_\_\_\_\_  
(Signature of Volunteer)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year) \_\_\_\_\_  
(Signature of Parent/Guardian if Volunteer is under 18 years)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year) \_\_\_\_\_  
(Witness)

**Permission:**

*I give my permission to Success by 6 (ORCA Bus) to verify and retain: this form, a copy of the results of the Criminal Record form, my drivers' license number and photocopy, and ICBC Driver's abstract request (if applicable).*

*The information I have provided in this application form is true and accurate to the best of my knowledge. I give permission to Success by 6 (ORCA Bus) to contact the references provided.*

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year) \_\_\_\_\_  
(Signature of Volunteer)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year) \_\_\_\_\_  
(Signature of Parent/Guardian if Volunteer is under 18 years)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year) \_\_\_\_\_  
(Witness)

Please return completed form to:  
Success by 6 (ORCA Bus)  
ORCA Bus Office:  
(above RONA, next to Camber College)  
(604) 485-2132 (call to check hours)  
Attn: Kim Barton-Bridges

OR:  
School District #47  
School Board Office:  
4351 Ontario Avenue  
Attn: Rita John