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Website: www.cridge.org

Serving the community since 1873

The Cridge Centre for the Family collects personal information on this form for reasonable and obvious purposes such as verifying identity, enrolling in a service, to secure contact information and to meet regulatory requirements. This information will never be used for purposes outside of the obvious without your permission.

VOLUNTEER/PRACTICUM STUDENT APPLICATION FORM

Name: _____ Home Phone: _____
Address: _____ Postal Code: _____
Cell Phone: _____ Work Phone: _____ May we phone you at work? _____
E-mail Address: _____ Date of Birth: ____ / ____ / ____
Occupation: _____ (m d y)

Work experience relative to Cridge involvement: _____

Interests, hobbies, talents relative to Cridge involvement: _____

Have you ever used the services of The Cridge Centre? If yes, please elaborate: _____

Days / Hours available: _____

References:

Name	Address	Phone	Occupation

You may be required to provide some or all of the following:

I have/will provide a Criminal Record Check _____ (required of everyone)

I have my Foodsafe Certificate _____ (expiry date: _____)

If I am expected to drive a Cridge vehicle or my own vehicle in the course of volunteering or practicum work, I will provide a Drivers Abstract (this is free, just call 250-978-8300).

I have a current First Aid/CPR Certificate _____ (expiry date: _____)

Signed: _____

Date: _____



THE CRIDGE CENTRE FOR THE FAMILY

Volunteer/Student Release

I agree to release, discharge, indemnify and hold The Cridge Centre for the Family harmless for any and all damages to me or my personal property while performing my volunteer/student services to The Cridge Centre for the Family in a voluntary capacity.

I recognize that while performing my services in a voluntary capacity, there exists a risk of injury including personal physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless The Cridge Centre for the Family, its agents, servants and employees from any and all claims, causes of action or demands of any nature or cause connected with my Volunteer Agreement. This might include costs and attorney's fees and court costs incurred by The Cridge Centre for the Family in connection with my volunteer services based on damages or injuries which may be incurred or sustained by me in any way. Such damages or injuries might include, but are not limited to accidents, injuries and personal property damage.

I understand that public relations are an important part of volunteering with The Cridge Centre. I therefore agree on behalf of my heirs, personal representatives and executors to allow The Cridge Centre to use any photographs taken of me for use in public relations efforts. The Cridge Centre will use reasonable efforts to notify me, but such notification is not a condition of the photograph's release for public relations purposes.

Printed Name

Signature

Date

PARENT OR LEGAL GUARDIAN (OF VOLUNTEERS/STUDENTS UNDER 18 YEARS OF AGE) As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child (ward) to volunteer services for The Cridge Centre as described within the volunteer and student handbook. I have read the handbook and fully understand its terms and conditions.

Signature of Parent or legal guardian (if child is under the age of 18)

Date

Volunteer Coordinator or Manager signature

Date



Policy 2.8

PLEDGE OF CONFIDENTIALITY

Much of the information supplied to The Cridge by its clients, staff and volunteers is privileged and confidential.

The Cridge therefore asks all staff, volunteers, contractors and employees of contractors, work experience and practicum placements to certify that they understand the need for preserving confidentiality in the following terms:

I _____ accept the responsibility of preserving confidentiality of any information about any individual and about any portion of the operation of The Cridge Centre for the Family, until and unless The Cridge Centre for the Family has published such information.

I understand that this responsibility continues to exist even after my current connection with The Cridge Centre for the Family has come to an end and I am willing to accept my signature on this document as having all the legal obligations of a formal declaration under oath.

signature

witness signature

date

Breach of the duty of confidence is a serious matter and will result in discipline up to and including dismissal.



Client Photography Consent Form

PROGRAM (please circle):

Brain Injury/PSI Childcare Dovetail Respite/Respitality
Seniors Transition House Young Parent

Name of client/parent/guardian: _____

Address: _____

City: _____ **Prov:** _____

Postal Code: _____ **Tel.:** _____

Name of child 1: _____

Name of child 2: _____

Name of child 3: _____

The Cridge Centre for the Family occasionally takes photographs and makes video recordings for both internal use and for promotional purposes. These images may appear in our printed publications, in the media, on video, on our website and social media streams, or in all four locations.

Please consider your particular safety and privacy concerns you may have in answering the questions below. Keep in mind that websites and social media networks can be viewed throughout the world. Please also note the conditions for using these images on the back of this form.

Answer questions 1 to 4 below, then sign and date the form where shown. Please return the completed form to the staff person representing The Cridge Centre for the Family.

Please circle your answer:

CLIENT CHILDREN

1. May we use you and/or your child's/children's image in our printed promotional publications? **Yes / No** **Yes / No**

2. May we send out your and/or your child's/children's image with our press releases? * **Yes / No** **Yes / No**

3. May we use you and/or your child's/children's image on our website? **Yes / No** **Yes / No**

4. May we record your child's/children's image on our promotional videos? **Yes / No** **Yes / No**

I have read and understood the conditions of use on the back of this form.

Signature: _____

Date: _____

Conditions of Use:

1. This form is valid for three years from the date of signing. If, after three years, you are still a client of The Cridge Centre for the Family, we will request confirmation of continued permission.
2. We will not re-use any images for a period of 15 years after the granting of permission expires or after you cease to be a client of The Cridge Centre for the Family.
3. We will not include details or full names (which means first name and surname) of any child or adult in an image on video, on our website, or in printed publications, without good reason.

* For example, we may include the full name of a child pictured in a photo that accompanies a press release if it is important to the story (e.g. a Sun Fun participant wins a derby car race). However, we will not include the full names of a group of children used in promotional literature.
4. We will not include ANY personal contact information of clients, including e-mail or postal addresses, or telephone or fax numbers on video, on our website or in printed publications.
5. If we use images of individuals, we will not use the name of that client/child in the accompanying text or photo caption without good reason. If a client/child is named in the text, we will not use a photograph of that client/child to accompany the article without good reason.

*For example, we may include a picture and full name in a press release of a client who speaks at an event. However, we will not include a picture and full name of a child used in promotional literature.
6. We may use group or class images with very general labels, such as "Summer Sun Fun goes to the beach" or "making Christmas decorations".
7. We will only use images of clients/children who are suitably dressed, to reduce the risk of such images being used inappropriately.