



32 Cornwallis Street, Kentville NS B4N2E1

Volunteer Application Process

Applicant Name _____

Phone # _____

1. Intake Interview to determine your skills and areas of interest, availability

2. Complete all paperwork as follows:

- Police Record Check
- Volunteer Application
- Volunteer Checklist
- Code of Ethics Form
- Confidentiality Form
- Child Abuse Register

3. Interview with John Andrew Scheduled for _____

4. Volunteer Training & Orientation Scheduled for _____

5. Job Shadow Shift (or 2) Scheduled for _____ with _____

6. 3 month Review Scheduled for _____ with _____

7. 1 Year Review in the month of _____

X _____

(Applicant's signature)



32 Cornwallis Street, Kentville NS B4N 2E1

To Whom It May Concern:

CRIMINAL RECORDS CHECK

CRIMINAL RECORDS CHECKS FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

VULNERABLE SECTOR CHECK

Please complete the above checks for _____ on behalf of Open Arms. This person will be volunteering with children/youth/vulnerable adults and our current protocol requires that all volunteers and staff complete these checks as part of the process.

If there are any concerns regarding the check, please feel free to contact us.

Many Thanks,

John Andrew

1 Will you have contact with children under age 16?

Yes, complete this form No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only** if you have contact with children under the age of 16. **Search results are for Nova Scotia only.**

2 Give your personal information (please print)

Last name: _____ First name: _____

Middle names: _____ Last name at birth: _____

All other last names during your lifetime: _____

Commonly used names, nicknames, aliases: _____

Date of birth (dd/mm/yyyy): _____ Gender: Male Female Transgender

Health card number: _____ Drivers license master number: _____

Current mailing address: _____ Apt/Unit #: _____

City: _____ Postal Code: _____

Phone: Home (xxx-xxx-xxxx): _____ Cell (xxx-xxx-xxxx): _____

Are you a current or former resident of Nova Scotia? Yes No

3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: Driver's license, Health card or Passport

If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

4 Sign the request and certification

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register.

I **certify** that the information given on this form is correct.

Signature: _____ Date: _____

5 Send the form to us

Private and Confidential
Child Abuse Register
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798

For staff use only

As of this date, _____ the name of the above **HAS NOT** been entered in the Child Abuse Register.

Consent withdrawn by applicant

Authorized signature: _____

Certified by the Department
of Community Services
Child Abuse Register
(stamp)

