



## Joy Beyond Vision Community Volunteer Application Form

\*Please NOTE: We must update the information every 1-2 years to keep our records up-to-date. The information is kept confidential. Thank you for your cooperation. Please turn your application back us when you're finished. Thank you and God Bless you.

**Title:**  Mr.  Miss.  Ms. **Status in Canada:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Birth: (dd/mm)** \_\_\_\_\_ / \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Language:**  Cantonese  Mandarin  English

Are you Christian?  Yes  No **Present Church Name:** \_\_\_\_\_

Have you been baptized?  Yes  No **Year of Baptism:** \_\_\_\_\_

Please list 2 persons (who are not your relatives and who do not live with you, preferably, one is from church if applicable)

**Reference Name 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reference Name 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### In Case of Emergency:

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Do you have a valid Ontario Driver's License?  Yes  No

Do you have access to a vehicle?  Yes  No

Please check area of interest in volunteering at JBVC

Café Beyond Vision  Dining Beyond Vision  Special Event  Fundraising  
 Support Beyond Vision  Administrative  Other \_\_\_\_\_

**Volunteer or Church Serving Experience:**  Yes  No

Address: PO Box 825, 4936 Yonge St., North York, ON, M2N 6S3 Phone: 647-558-5282

Email: [info@joybeyondvision.ca](mailto:info@joybeyondvision.ca) Website: <http://www.joybeyondvision.ca>



## Background Check

I declare that I have no convictions or charges for offenses or court orders made under the Criminal Code (Canada), the Controlled Substances Act (Canada), and/ or the Food and Drugs Act, for which a pardon under section 4.1 of the Criminal Records Act (Canada) has not been granted or was granted and revoked. I further declare that I have no charges currently before the Court. I further offence after the declaration has been provided.

## Waiver and Release: (accept by checking off the box)

Volunteer understands that scope of Volunteer's relationship with JBVC is limited to a volunteer position and that no compensation is expected in return for services provided by volunteer, that JBVC will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's activities to JBVC.

I understand that JBVC does not assume any responsibility for or obligation to provide me with financial or other assistance, including medical, health or disability benefits or insurance of any nature in the event of any injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of JBVC beyond what may be offered freely by JBVC in the event of such injury or medical expenses incurred by me.

I hereby agree to release, hold harmless and indemnify JBVC its directors, employees, sponsors, agents and affiliates (JBVC) from and against any, and all loss, damage, expense or cost (including attorney fees) of any kind of injuries (including property damage, personal injury, disability and death) arising out of my Volunteer activities, whether caused by negligence of JBVC or otherwise.

I am in good health and no mental or physical condition that would or should prevent my participation in Volunteer activities.

I give my consent to JBVC to contact me via email for monthly newsletters and event details.

I give JBVC the right to use my image for promotional and marketable purposes.

## Agreement on Confidentiality: (accept by checking off the box)

I do willingly promise to hold in a confidence all matters that come to my attention in the line of duty at Joy Beyond Vision Community (JBVC), including material from and about clients and matters regarding colleagues. I will respect the privacy of JBVC staffs. Further, I will use in a responsible manner, all information gained in the cause of my service at JBVC.

I must possess the will, desire and patience to service our visually impaired people and communications.

I must respect and will not conduct any activity which against JBVC's statement of faith.

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

Date: \_\_\_\_\_