



VOLUNTEER APPLICATION

Harrow Early Immigrant Research Society

243 McAfee Street, P.O. Box 53

Harrow, Ontario N0R 1G0

heirsont@gmail.com (519) 738-3700

Name: First	Last
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Address: P.O. Box, Street/Ave

Town/City	Province/State	Postal/Zip
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Telephone (Home)	(Cell)	(Other):
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Email address

VOLUNTEER AVAILABILITY

(please check all that apply) HEIRS office is open Tuesday & Thursday 10am-3pm, and Monday 5-8pm, with the exception of summer months. There may be other events available outside of these hours.

MONDAY: Evening TUESDAY: Morning Afternoon THURSDAY: Morning Afternoon OTHER:

AREAS OF INTEREST:

Please check those areas that you would be interested in:

- ITTech/Computer Indexing/Cataloguing Digitizing Fundraising
 Social Media Newsletter Research Filing Other _____

RELATABLE SKILLS, EXPERIENCE OR INTERESTS:

Please list any present/previous employment, community or other skills, experience or special interests

REFERENCES:

NAME	RELATIONSHIP	TELEPHONE

DECLARATION:

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal. I also authorize the Harrow Early Immigrant Research Society to collect personal information relevant to the position applied for and to verify the character references I have supplied.

Signature	Date	HEIRS Director Signature	Date
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HARROW EARLY IMMIGRANT SOCIETY (H.E.I.R.S.) VOLUNTEER AGREEMENT

Please read and sign the following section. If you have any questions, please ask.

Obligations of H.E.I.R.S. towards the Volunteer

1. H.E.I.R.S. will treat the Volunteer with respect at all times.
2. H.E.I.R.S. will communicate with the Volunteer in a clear and concise manner so that all parties have a clear understanding of the activities required of the Volunteer.
3. H.E.I.R.S. will provide training, education, support and assistance to the Volunteer as required to carry out tasks.

Obligations of the Volunteer towards H.E.I.R.S.

1. The Volunteer will commit to the work and goals of H.E.I.R.S. and aspire to excellence in the tasks they undertake.
2. The Volunteer will act in accordance with H.E.I.R.S.'s mission and objectives and protect the good standing of H.E.I.R.S..
3. The Volunteer will respect H.E.I.R.S.'s property and acknowledge that all intellectual and physical property entrusted to them by H.E.I.R.S. is the property of H.E.I.R.S..
4. The Volunteer will report, in timely fashion, any change in their condition of volunteering.
5. The Volunteer will cooperate with and respect colleagues and other H.E.I.R.S. members as a whole.

Code of Ethics

1. Volunteers provide their time as a volunteer in the best interest of H.E.I.R.S..
2. Volunteers place honesty and integrity above all else and promote the goals of H.E.I.R.S. and in all their activities.
3. Volunteers comply with all written policies and guidelines of H.E.I.R.S. and .
4. Volunteers maintain an equitable and cooperative relationship with H.E.I.R.S. in matters relating to activities of H.E.I.R.S..
5. Volunteers do not use their position to grant special privileges to any person or group and will avoid any conflict of interest which may arise from their position as a volunteer.
6. Volunteers agree any material used and any material produced while a volunteer of the H.E.I.R.S. is the property of H.E.I.R.S.
7. Volunteers will notify H.E.I.R.S., in advance, of any potential conflict of interest with their activities for H.E.I.R.S. and will not use their position as a volunteer for business or personal benefit.

Confidentiality Agreement

1. I agree that any written information that may be disclosed to me as "confidential" during my term will remain in the strictest confidence.
2. I agree that all "confidential" material that may be given to me as a result of my activities with H.E.I.R.S. will be maintained and, when necessary, disposed of in a secure and confidential manner.
3. I agree not to publicize any of the confidential aspects of my work in any fashion.
4. I agree to exercise due care to ensure that any information that I may give to others in the course of my activities will be given only to persons I believe are entitled to receive such information.

Any deviation from the above by a Volunteer may result in the dismissal of the Volunteer from their volunteer activities with H.E.I.R.S.

I confirm that I have read the above statements and agree with them. I will adhere to all requirements contained in this agreement or as otherwise directed to me in writing by the H.E.I.R.S. while I am an H.E.I.R.S. volunteer.

I have read the Accessibility Policy and Accessibility Best Practices and participated in the online course "Serve-Ability: Transforming Ontario's Customer Service" through the Ministry of Community and Social Services https://www.ocapdd.on.ca/Forms/Volunteer/SAE/HTML_Eng/01.html. I understand the information with regards to serving clients and patrons with varying abilities.

Signature: _____

Date: _____

HEIRS Director Signature: _____

Date: _____