



IDENTITY OF VOLUNTEER: Preferred Name:

Last Name:		First Name:		Middle Name:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	Date of Birth (mm/dd/yy)
Address:			City:	Postal Code:	Tel. (home):	
Tel. (work):		Cell #:		Email:		
Driver's License # (mandatory):	Expiry Date:	Class:	Driving Experience (years):	Do you drive Standard: YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you participated in Operation Red Nose in the past? If so, when _____

Preferred Volunteer Positions: (check all that apply)	Description of Task:	Requirements:
<input type="checkbox"/> Designated Driver	Person who drives the client in the clients car	Must have valid driver's license, no "N" or "L" Plates.
<input type="checkbox"/> Navigator	Person who accompanies the Designated Driver and the client in the client's car. This person also does all writing/recording of info.	Must have valid driver's license. Drivers with "N" Plates will be assessed individually.
<input type="checkbox"/> Escort Driver	Person who transports the Designated Driver and Navigator in his/her own vehicle	Must have valid driver's license. Drivers with "N" Plates will be assessed individually.
<input type="checkbox"/> Phone Operator	Person who answers incoming calls to headquarters	Must be patient and have a pleasant phone personality
<input type="checkbox"/> Dispatcher	Person who dispatches driver teams to client calls	Must be organized, able to multitask and work well under pressure
<input type="checkbox"/> Other	Help with volunteer check -in, volunteer entertainment and needs.	Must be friendly and outgoing.

AVAILABILITY (please check off all the dates you wish to volunteer):

Friday Nov 30 <input type="checkbox"/>	Friday Dec 7 <input type="checkbox"/>	Friday Dec 14 <input type="checkbox"/>	Friday Dec 21 <input type="checkbox"/>	Monday, New Year's Eve Dec 31 <input type="checkbox"/>
Saturday Dec 1 <input type="checkbox"/>	Saturday Dec 8 <input type="checkbox"/>	Saturday Dec 15 <input type="checkbox"/>	Saturday Dec 22 <input type="checkbox"/>	I would like to volunteer for a total of _____ nights

MANDATORY TRAINING

(Please check off the date(s) you are available to attend a training session – you must attend one)

Tuesday, Nov 13 9:00 am- 11:00am <input type="checkbox"/>	Wednesday, Nov 14 1:00 pm – 3:00 pm <input type="checkbox"/>	Saturday, Nov 17 10:00 am – 12:00 pm <input type="checkbox"/>
Tuesday, Nov 13 7:00 pm- 9:00pm <input type="checkbox"/>	Wednesday, Nov 14 7:00 pm – 9:00 pm <input type="checkbox"/>	

INSTRUCTIONS:

Please ensure that you complete both sides of this form in full. In addition, complete the attached Consent for Disclosure of Criminal Record Information, making sure to initial all four boxes on the bottom left hand side of the form. Please bring completed forms, with your identification to the RCMP Station at 45924 Airport Road in Chilliwack. You will be asked to present your picture identification in order for the RCMP to accept your Consent for Disclosure of Criminal Record Information.

If you have any questions please call Chilliwack Restorative Justice at (604) 393-3023 or email: ornchilliwack@hotmail.com



Volunteer Commitment Form

I commit to:

- Taking all precautions necessary to ensure the safety of the clients and of the other team members. I will comply with all driving laws and regulations. I understand and accept that *Operation Red Nose* cannot be held responsible for traffic violations or fines that I might incur.
- To the CODE OF ETHICS of *Operation Red Nose* as delineated hereafter:

Sobriety: A Volunteer is not to consume any alcoholic beverages on the day of his or her work for *Operation Red Nose*.

Confidentiality: Total discretion is required concerning the identity, address, phone number and behaviour of the users of the *Red Nose* service. This same discretion is recommended toward other volunteers as well.

Courtesy: Tolerance, patience and most of all, complete courtesy, should be expressed at all times with clients.

Free Service: The *Red Nose* service is free. No donations or tips are to be solicited. If any are offered, a sincere thank you is in order.

Consideration of other volunteers: Respect and consideration of all volunteers is a must.

- Returning all tips and donations to *Operation Red Nose* Headquarters.

Note to Escort Drivers:

I understand that *Operation Red Nose* provides insurance coverage to my vehicle only if my vehicle is already insured for its own damages. For more details on the insurance coverage provided by the insurance sponsor of *Operation Red Nose*, please speak to the Coordinator.

I understand that part of my volunteer commitment may include a contribution of gasoline for the escort vehicle.

Note to all Volunteers:

Fatigue: *Operation Red Nose* volunteers are greatly exposed to fatigue. They should not underestimate the effects of working in the middle of the night. Most of them have not slept for more than 18 hours and the period between 2:00 and 6:00 a.m. is when our biological clock says we should be resting and sleeping. It is strongly recommended that all road volunteers take a nap in the late afternoon or early evening prior to their assignment as a *Red Nose* volunteer.

If I do not respect the terms of this Commitment, I understand and accept without recourse that *Operation Red Nose* may terminate my involvement for this year and future years.

Volunteer: _____ (Print Name)

_____ (Signature)

Date: _____, 2007

For Office Use Only:

Approved by: _____	Accepted <input type="checkbox"/>
Date: _____	Refused <input type="checkbox"/> Reason: _____