



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with After Trauma Empowerment Network (ATEN).

We can only consider completed application packages with all documents. A completed application package must include the following:

- A completed volunteer application form
- Two (2) completed reference forms (preferably professional or character who have known you for at least 6 months; no family)
- A current resume/CV

Each completed reference form must be submitted in a sealed envelope with the reference's signature across the seal of the envelope. For references who cannot submit a signed, sealed envelope, please call our main office at 902-758-3967 for alternate instructions.

The completed application should be submitted as **one complete package** and can be delivered in person or via mail to:

After Trauma Empowerment Network
PO Box 318
Shubenacadie, NS B0N 2H0

*If delivering in person, our office is located at 2836 Highway 2, Shubenacadie, NS.

Incomplete Application Packages: if we receive an incomplete application package, it will be held for three months. After that time, if it has not been completed, potential applicants must reapply through the above process.

The following documents will be required **after** your volunteer interview (but prior to volunteering):

- Criminal Records Check (and Vulnerable Sector Search depending on placement). Please note that this type of search does expire so there is no need to complete prior to your interview.
- A Child Abuse Registry Search. Please note that this type of search does expire so there is no need to complete prior to your interview.
- A signed Volunteer Agreement

Should you have any questions, please call 902-758-3967 or email info@atenns.ca.

Thank you again for your interest in volunteering ATEN.



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www.atenns.ca

VOLUNTEER APPLICATION

OFFICE USE ONLY	
Interview date:	Assignment:

First Name:	Last Name:	Middle Name:
Home Phone:	Cell Phone:	Business Phone:
Email:		
(ATEN uses email as our primary means of communicating with volunteers. Please fill out your most frequently used email address)		
Address (include street, apt/unit, city, postal code):		

Occupation: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other (please specify)
Languages written/spoken:

Why are you interested in becoming a volunteer with ATEN?
What previous volunteer experience do you have?
Interests, hobbies, special skills?

Please indicate your availability below:

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							

References: please provide two (2) references that have known you for at least six (6) months (preferably professional or character; no family):

Name:	Relationship:	Email:	Phone Number:
Name:	Relationship:	Email:	Phone Number:

I hereby authorize ATEN to obtain references from the referees listed above in connection with my application for a volunteer position. I hereby authorize the individuals named to provide a reference for me. I further authorize ATEN to maintain this information for their records.

I agree

Emergency Contact

Name:	Phone Number:	Relationship:

Volunteer Agreement Checklist

*I have carefully considered my schedule and know that I can commit to volunteer for the times I have indicated above on a regular and consistent basis.

*I know that customers/clients may live with trauma and/or mental health conditions. I feel that I am comfortable being around them, even though they may be experiencing discomfort.

*I am able to establish personal and professional boundaries (e.g. refraining from offering personal advice or personal experiences to customers/clients).

*I treat volunteer commitments with the same respect that I do with work responsibilities, committing to a regular day and time.

*I understand that I may not be contacted for an interview and that participating in an interview does not guarantee acceptance into the volunteer program.

*I understand that accepted candidates will be required to comply with the application requirements (e.g. criminal record check and vulnerable record check and that it is the applicants' responsibility to follow through with these requirements prior to starting and that a volunteer placement cannot be held indefinitely.

I understand & agree

Signature of Applicant: _____ Date: _____



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**VOLUNTEER RESOURCES
 REFERENCE REQUEST**

APPLICANT'S NAME: _____

REFEREE'S NAME: _____

PLEASE NOTE: The individual named above has applied to volunteer with After Trauma Empowerment Network. As a volunteer, this individual will have contact with patients, their families, and the general public. Volunteers are also required to work co-operatively with other volunteers and staff. Any information you provide will be kept in strict confidence.
We would appreciate an honest evaluation of this person.

How long have you known the applicant and in what capacity? _____

	Poor	Needs Improvement	Good	Excellent
Communication / Interpersonal skills				
Honesty				
Initiative / Ability to work independently				
Organization / Time management skills				
Quality of work				
Reliability				
Treatment of others				

What are the applicant's key strengths?

In what areas could the applicant improve?

Do you believe that the applicant poses any risk to the welfare of vulnerable persons? **YES** **NO**
 (If answered yes, we may choose to contact you in confidence)

Is there anything you would like to add?

 (Referee's Signature) (Date)



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(Referee's Signature)

(Date)