

**VOLUNTEER PACKAGE**  
(On-line Version)

**Victory Over Violence  
Emergency Teen Shelter**



<http://www.nsnet.org/vov/>

**Office: 678-2323**

**Fax: 678-8066**



## Welcome!

Everyone here at Victory Over Violence Emergency Teen Shelter thanks you for your interest to become part of our team by offering your time and skills. Your contribution will be essential to our continued ability to support and offer the youth in our community a safe, temporary emergency shelter!

You have in your hands, the Volunteer Application Packet (email version) that includes information to familiarize yourself with both organizations and, the necessary forms to get the screening process started to become a full-fledged volunteer; ensuring the fit is right for everyone involved.

Should you have any questions, call our office: (902) 678-2323 and leave a message or email us at [emergencyteenshelter@yahoo.ca](mailto:emergencyteenshelter@yahoo.ca)

We will provide:

- Orientation and training
- A bi-annual skills training session
- A job description and organizational overview
- An interview at the end of your time with us for an opportunity to give feedback on your experience with VOV ETS (Victory Over Violence Emergency Teen Shelter)
- A letter of appreciation at the end of your time with us (if requested & appropriate)
- A good learning experience
- The opportunity to make a difference within your community

To begin, simply complete the following forms and bring them to the ACSBE on the University Campus:

- Volunteer Application form, attach your resume **and** 2 reference names

Once we have received your completed forms; we will call you for an interview! The mutual interview is like most others, you interview us and we interview you. From there, we will provide you with an orientation folder containing documents and forms to be signed in order to become a full-fledged volunteer.

### **Please Note: \*Criminal Records Check policy**

For the safety and security of our staff, clients and other volunteers, you must have both checks #1. **Criminal Records Check**, and #2. **Child Abuse Register** form completed in order to become a volunteer. Kentville Police has agreed to process **the Criminal Records Check form** for the Shelter at no cost!

### **About these forms:**

#1. **Criminal Records Check** - must be picked up and completed at the Kentville Police Detachment on River Road in Kentville during office hours, 8am-4pm Monday-Friday.

**You must have two pieces of signed ID; one has to be a picture ID.**

#2. **Child Abuse Register form** – will be given to you by our Shelter coordinator.

**You will need two pieces of signed ID; one has to be a picture ID to have this document witnessed by the Administrator of Oath, who is located at the department of Children & Family Services on River Road in Kentville.**

In order to qualify as a volunteer:

-you must not have been charged with fraud or theft, or assaults of any kind

-you must have had a clean record for 5 years.

-if you have a record for something other than the above, you will be asked what is on your record. **(This information will be verified with the police.)**

Thank you again for your interest in the VOV ETS, we look forward to having you as part of our team working together to support our youth!

Sincerely,  
Volunteer Coordinator

# The VOV Emergency Teen Shelter



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## Vision

A future where youth live and thrive in a positive environment that is safe and secure.

## Mission

To provide emergency temporary shelter and valuable resources to youth 13-30 years old, by offering a safe secure location and information on health services in the Annapolis Valley.

## Our Services

- Non-judgmental, confidential support of two volunteers
- Snacks, drinks, a hot meal, breakfast
- Help with finding community resources
- A clean comfortable bed for the night

## Volunteer Opportunities

Overnight Monitor (We need 10 more to fill our monthly schedule)	Board of Directors' Member
Newsletter Coordinator	Promotions Committee
Kitchen Duty	Fund Development/Fundraising Events
Volunteer Dispatch/Key Holder Contact	Maintenance Support
Communications Director	Director of Volunteer Management

## The Shelter is open 10:30pm - 7:00 am seven nights a week.

Volunteers are the backbone of how the VOV ETS operates 7 nights weekly.

We desperately need volunteers!!!!

There may be nights when the Shelter is **not** called to open.

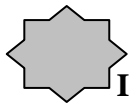
Therefore, a volunteer Overnight Monitor a commitment of 2 nights each month ensures that all possible nights will be covered with a minimal commitment from any one volunteer.

Having the schedule means you will only be called on your chosen nights, unless you specify that you would like to do extra shifts.

**Collectively, we make a difference!!**



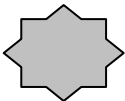
## F.A.Q.'s of The VOV Emergency Teen Shelter



### As a volunteer, what is my duty?

In Canada the volunteer protection acts include three basic duties:

1. Diligence: to act reasonably, prudently, in good faith and with a view to the best interests of the organization and its members.
  2. Loyalty: to place the interests of the organization first, and to not use one's position as a director to further private interests.
  3. Obedience: to act within the scope of the governing policies of the organization and within the scope of other laws, rules and regulations that applies to the organization.
- **Will my expenses be reimbursed?**  
If you require transportation to and/or from the shelter for overnight volunteering, notify the volunteer coordinator to have your name put on the Shelter's account with Valley Cab. You could then use Valley Cab: **681-0129** for transportation when called to the Shelter for an overnight stay.
  - **Who do I make complaints to?**  
This will be answered during orientation.
  - **Are my volunteer activities covered by insurance?**  
Volunteers are covered under the Shelter's liability insurance, if procedures and policies have been followed.
  - **What are the rules for conduct for youth at the Shelter?**  
This will be answered during orientation, some are listed below under: 'Reminders'
  - **How will I be kept up-to-date on the Shelter's news & activities?**  
If you have provided us with an Email address, you will receive a monthly newsletter with shelter statistics, and updates from the board, etc... When we have a newsletter going; you are invited to make submissions to the newsletter. The newsletter and email will notify you of events like our Annual General Meeting and other promotional or advocacy events in which you may wish to participate or assist with.
  - **Where is the smoking area?**  
This is currently being addressed by the Board; however, for now; just off from the front steps can be used.



### Reminders:

- No fraternizing with clients outside of overnight shifts.
- Keep the phone line free for emergency calls.
- Use of during shift and possession of Drugs or Alcohol on premises is NOT permitted.
- Overnights are awake shifts.
- Food is for clients only.
- Visitors/Guests are not allowed.
- Medications of any kind cannot be given out.
- Physical contact is not permitted.



## **CONFIDENTIALITY at The VOV Emergency Teen Shelter**

Confidentiality refers to the process of keeping secret that which is spoken or written in confidence. It is imperative that all people know that information shared with you does not go beyond the Centre. This will maintain our desire to be honest, trustworthy, and supportive.

### **DO'S**

1. **DO** say positive things about the programs at the Shelter.
2. **DO** discuss issues or concerns about Emergency Teen Shelter with identified staff.
3. **DO** share with staff any concerns regarding serious situations:
  - Suspected or known child abuse, (it is the law to report).
  - Suspected or known spousal abuse.
  - Suicidal individuals or individuals who are consistently feeling 'blue', 'down', or 'depressed'.
4. **DO** keep your paperwork up to date.
5. **DO** sign the Confidentiality Form.

### **DON'TS**

1. **DON'T** tell your spouse, children or friend what you have heard.
2. **DON'T** discuss with other volunteers the conversations you have had or have overheard others having in any public place - such as the grocery store, hairdressers, church, etc.
3. **DON'T** discuss problems with anyone except with appropriate staff of the Shelter or in formal discussion groups.
4. **DON'T USE** individual names EVER!
5. **DON'T STORE** any records in a place where others can read them, (your spouse and children included).



## Volunteer Application Form for VOV Emergency Teen Shelter

Full Name (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

Best time to call: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Year, not necessary)

Emergency Contact: Name \_\_\_\_\_ Ph: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills/experience would you like to share as a volunteer?

- |   |  |
|---|--|
| <input type="checkbox"/> Recruit volunteers                         | <input type="checkbox"/> Overnight Shelter coverage              |
| <input type="checkbox"/> Assist with strategic planning             | <input type="checkbox"/> Address envelopes for mailings          |
| <input type="checkbox"/> Recruit new board members                  | <input type="checkbox"/> Filing                                  |
| <input type="checkbox"/> Accounting skills                          | <input type="checkbox"/> Recording donor information             |
| <input type="checkbox"/> Public relations                           | <input type="checkbox"/> Data entry                              |
| <input type="checkbox"/> Community networking                       | <input type="checkbox"/> Preparing newsletter for mailing        |
| <input type="checkbox"/> Advocacy                                   | <input type="checkbox"/> Computer skills _____                   |
| <input type="checkbox"/> Fundraising ideas                          | <input type="checkbox"/> Writing letters or articles             |
| <input type="checkbox"/> Grant Writing                              | <input type="checkbox"/> Assisting with interviews               |
| <input type="checkbox"/> Assist with letter drive                   | <input type="checkbox"/> Photocopying                            |
| <input type="checkbox"/> Preparing newsletter for mailing           | <input type="checkbox"/> Delivering materials                    |
| <input type="checkbox"/> Run small fundraiser                       | <input type="checkbox"/> Handyman repairs (electrical, plumbing) |
| <input type="checkbox"/> Canvassing                                 | <input type="checkbox"/> Outdoor Clean-up                        |
| <input type="checkbox"/> Designing brochures and posters            | <input type="checkbox"/> Summer lawn care (small lawn)           |
| <input type="checkbox"/> Assist with special holiday parties        | <input type="checkbox"/> Winter Snow removal (path & steps)      |
| <input type="checkbox"/> Running effective meetings                 | <input type="checkbox"/> Household repair                        |
| <input type="checkbox"/> Sort and stock food pantry                 | <input type="checkbox"/> Welcoming clients                       |
| <input type="checkbox"/> Shopping                                   | <input type="checkbox"/> Running errands                         |
| <input type="checkbox"/> Recycling collection/drop-off              | <input type="checkbox"/> Peer education (youth)                  |
| <input type="checkbox"/> Phone availability, receive Dispatch calls | <input type="checkbox"/> Special programming                     |
| <input type="checkbox"/> Holiday shelter coverage                   |  |

Other: \_\_\_\_\_

Do you have a vehicle or access to transportation? \_\_\_\_ Yes \_\_\_\_ No

When are you interested in volunteering? Days \_\_\_\_ Evenings \_\_\_\_ Overnights \_\_\_\_ Weekends \_\_\_\_

After reading this information, what volunteer position(s) interest you? Why?

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Do you have any special requirements or medical conditions that we should be aware of as you volunteer with us? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

Place an X, beside any certification listed below that you have achieved:

CPR \_\_\_\_ Suicide Intervention \_\_\_\_  
First Aid \_\_\_\_ Non-Violent Crisis Intervention \_\_\_\_ Food Handlers Safety \_\_\_\_  
other \_\_\_\_\_

#### PERSONAL REFERENCES

Please list two personal references (not-related to you).

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

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Relation: \_\_\_\_\_

Have you included: an updated resume? \_\_\_\_  
a copy of any current (applicable) certifications you have? \_\_\_\_

I hereby certify that the information on this application is true and complete. My signature authorizes Victory Over Violence Emergency Teen Shelter Board of Directors and/or the Shelter staff to verify any of the information on this application and to secure information deemed necessary from employers and references in order to determine my suitability for the volunteer position that I am seeking with the Victory Over Violence Emergency Teen Shelter.

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



\_\_\_\_\_ \_07

Please conduct a Police Records and a Child Abuse Registry Check for \_\_\_\_\_, who wants to, or is a volunteer with the Red Door Youth Resource & Support Centre and/or Victory Over Violence Emergency Teen Shelter; located in Kentville. As a volunteer of these organizations, \_\_\_\_\_, will be working with youth (13-30), possibly including acting as an overnight monitor responsible for supervising and offering comfort to youth in need of a safe place to stay.

Sincerely,

V.O.V. Emergency Teen Shelter  
(902) 678-2323  
<http://www.nsnet.org/vov/>  
**FAX** (902) 678-8066  
Wilma Cromwell, Acting Chair  
(902) 670-0580 (cellular)

EMERGENCY TEEN SHELTER  
Police Check Waiver



Revised.Nov.07

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Please present this signed letter to the Kentville Police Service Staff to have your Criminal Records Check form processed.

The undersigned hereby grants permission to the Shelter Manager of “Victory Over Violence Emergency Teen Shelter” to review the undersigned’s completed Police Check and Child Abuse Registry Checks. The undersigned also agrees to have the documents taken to the “Victory Over Violence Emergency Teen Shelter” office for further processing of the volunteers’ application to become a volunteer with “Victory Over Violence Emergency Teen Shelter”.

By signing below, the undersigned agrees and understands that any confidential information that may be listed in the above stated documents would be reviewed in order to verify successful screening of the police checks in order to process the volunteers’ application. Should a question arise regarding either screened Check, the volunteer shall be contacted before further application processing occurs.

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

Volunteer’s Signature: \_\_\_\_\_

Volunteer’s Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

**VOV Emergency Teen Shelter**  
P.O. BOX 531, KENTVILLE NOVA SCOTIA, B4N 3X3  
**OFFICE (902) 678-2323    FAX (902) 678-8066**

# VOV ETS Youth Overnight Process

Rev. Dec/07

