

British Columbia Division 3303 32nd Ave. Vernon, BC V1T 2M7

Phone: 250.549.4111 Fax: 250.549.7344

Welcome!

Thank you for your consideration to join our team of volunteers at the Salvation Army to give hope and help others!

Enclosed is our volunteer registration package, we will need completed and returned. Once we receive the forms back, I will be in contact to discuss the volunteer opportunities and where is the best fit for you.

As part of our volunteer package we need a criminal record check, which is free and online abuse prevention training to be completed. As well as these following forms that need to be completed, signed and returned:

- > Volunteer Registration, Agreement, Confidentiality Policy & Liability waiver
- Code of Conduct
- Abuse Prevention Policy
- > Harassment Policy
- > Database Search for Child Abuse Registry Authorization

Please don't hesitate to contact me with any questions.

Thank you again!

Tracy Mellott
Volunteer Coordinator
The Salvation Army – Vernon
Tracy_mellott@can.salvationarmy.org
250-550-0501



COVID - 19 VOLUNTEER SCREENING TOOL

We want to take necessary steps to ensure the safety of the volunteer workforce and our clients, and avoid contributing to further spread of
COVID-19. Therefore, we're asking some additional questions.

YES to any 1-4 \rightarrow Cancel assignment and refer the volunteer to their physician.

NO to all 1-4 \rightarrow Volunteer may serve. Ensure volunteer signs and dates the below as their acknowledgement.

1. Do you currently have a cough, fever, or any type of respiratory illness? Circle your response.	V / N
2. Have you or anyone in your household traveled out of the country in the last 3 weeks? Circle your response	N/X
3. Have you or anyone in your household been in close contact with anyone who has COVID-19? Circle your response.	N/Y
4. Are you or anyone in your household a healthcare worker caring for a confirmed COVID-19 patient? Circle your response.	N/X
I am comfortable serving as a volunteer for The Salvation Army in this capacity. I agree it is my responsibility to immediately notify The Salvation Army if any of the above responses change, during my volunteer assignment.	The

This section to be completed by The Salvation Army location utilizing the volunteer

Please print your first and last name:

Your signature:

Today's date:_

Name of TSA staff administering questionnaire:

TSA Location:

VOLUNTEER APPLICATION FORM



Mission Statement

SALVAMY	be a transforming influence in the communities of our world.					
PERSONAL INFORMATION						
Name					Da	te
Address		City	and ²	Province	Po	st Code
Phone		Email				
	İr	n case of	emerger	су		
Contact Name Relations			ship		Ph	one
	YEAR ROU	JND VOL	UNTEER	LOCATIONS		1.7
☐ Thrift Stores	☐ Food Bank Warehouse	☐ Hous	e of Hope	Front Desk/Har	npers	☐ Youth Programs
□ VOLUNTEEF	R OCCASSIONALLY to help	p with Spe	ecial Events	s ie. Food Drives	, Christ	mas, Kettle Program
Previous Volunte	er Experience					
(Pl	ease provide 2 references othe		RENCES	ers - employer, fr	iend, M	linister, etc.)
Name			Name			
Address			Address			
Telephone			Telephon			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Relationship			Relations			
	VO	LUNTER	ER AGRE	EMENT	I 70	
 If accepted as a Salvation Army volunteer, I agree to the following: While on duty as a volunteer, support the principles of The Salvation Army and the implementation of the mission of The Salvation Army. Allow The Salvation Army to contact my references and verify the information. Agree to a Criminal Record Check (CRC) as required. CRC must be renewed every 5 years. Agree to a database search of Child Abuse Registry (Youth Program Only) as required. Complete designated training & refresher sessions as required. Maintain strict confidentiality as per The Salvation Army Confidentiality Policy. Provide my time and service without remuneration. Wear required identification when on duty as required. Provide a Driver's Abstract as required. 						
VOLUNTEER SIGNATURE						
I have read and fully understand the terms set out in: 1) The Volunteer Agreement (above) 2) Confidentiality Policy and Waiver of Liability (on the back page) I voluntarily sign this application form.						
Volunteer Sign	ature		Witness	B		Date

VOLUNTEER APPLICATION FORM

THE SALVATION ARMY CONFIDENTIALITY POLICY

The Salvation Army requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the ministry unit to which they are assigned, as well as all clients and others they serve.

The volunteer shall not divulge any information obtained in the course of her/his volunteer placement to any third parties without the prior written consent of The Salvation Army. This includes, but is not limited to, information pertaining to the financial status and operations of the ministry unit such as budget information, donations of money or gifts in kind, salary information, information pertaining to clients of the ministry unit, etc.

No information concerning any volunteer will be divulged without the prior written consent of the volunteer. This includes addresses, telephone numbers, etc.

Failure to comply with the above-listed items may result in disciplinary action, including discontinuing the services of the volunteer.

I agree to uphold the confidentiality of these matters both during and following my volunteer service or contact with The Salvation Army.

WAIVER OF LIABILITY

The Salvation Army agrees to treat all volunteers with dignity and respect, having due regard for their personal safety and their personal property while they are serving as volunteers.

To that end, The Salvation Army will take reasonable steps necessary to ensure a safe and secure working environment for all individuals, including volunteers.

While volunteers will not knowingly be placed in unsafe situations or exposed to unnecessary risk, it is recognized that accidents or losses occasionally happen which cannot be attributed to any fault on the part of any one individual or organization.

The purpose of this document is to release The Salvation Army from liability for accidents, injuries, losses and damage which may occur in the course of providing volunteer services, where such accidents, injuries, losses or damage are not caused by negligent acts or omissions on the part of The Salvation Army.

As a volunteer participant in the delivery of Salvation Army programs and services, I agree to the following:

- 1) The Salvation Army will not be required to compensate me for any harm or loss suffered as a result of my participation in the provision of volunteer services, whether that be harm such as illness, injury or death, or loss of or damage to personal property unless such harm or loss is caused by negligent acts or omissions on the part of The Salvation Army or those for whom it is legally responsible.
- 2) I relinquish any right I might have to claim compensation from The Salvation Army for any harm or loss suffered by me in connection with the provision of volunteer services except if such harm is caused by negligent acts or omissions of The Salvation Army or those for whom it is legally responsible.
- 3) Any reference to The Salvation Army in this document shall include The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army in Canada, and all associated charities, divisions and unincorporated associations, as well as all officers, employees and volunteers of any of them.

OFFICE USE				
Documentation	Date	Training	Date	
☐ Criminal Record Check (every 5 yrs)		☐ It Happened to Me	,	
☐ Code of Conduct		☐ Keeping Your Church Safe		
☐ Abuse Policy		☐ Meet Sam	11879	
☐ Harassment Policy		☐ Prevent Abuse Disabilities		
☐ Database Search for Child Abuse Registry		☐ Abuse Prevention – Yearly Refresher course		
	4			



British Columbia Division
3303 32nd Ave. Vernon, BC V1T 2M7

Phone: 250.549.4111 Giving Hope Today Fax: 250.549.7344

7907 - Workplace Harassment, Discrimination and Violence Prevention Policy

Effective: August 12, 2009 Revised: June 04, 2014

Policy Statement

The Salvation Army Canada and Bermuda Territory is committed to providing a work environment that is free from harassment, discrimination and violence where all Salvation Army workers are treated with dignity and respect. All Salvation Army workers including officers, employees, volunteers and other individuals affiliated with The Salvation Army are expected to uphold this policy by maintaining a respectful work environment in which all work together to prevent harassment, discrimination and violence.

In accordance with applicable legislation and regulations, the Workplace Harassment, Discrimination and Violence Policy will be reviewed annually, revised appropriately and posted at all Salvation Army workplaces.

1.0 PURPOSE STATEMENT

The purpose of this policy is to:

- 1.1 Establish and maintain a workplace that is free from harassment and violence.
- 1.2 Outline types of workplace behaviour which are considered to be harassing and/or violent.
- 1.3 Ensure that all workers are aware that harassment, discrimination and violence in the workplace are unacceptable and will not be condoned. Any worker, who is found to be in violation of this policy, may be subject to discipline.
- 1.4 Establish a structure for the receipt of complaints.
- 1.5 Provide a process for notification about allegations of violations to this policy.

2.0 DEFINITIONS

In this policy, the following definitions are used:

- 2.1" Workers" includes officers, employees, volunteers and other individuals affiliated with The Salvation Army.
- 2.2"Workplace" is defined as any place where a worker performs work for the organization Note: "workplace" can include vehicles, off-site business-related function locations (conferences, trade shows), social events related to work, and clients' homes.
- 2.3 "Workplace Violence" is defined as any actual, attempted or threatened exercise of physical force against a worker in a workplace that could cause physical harm, or where it is reasonable for a worker to interpret a threat:

physical attacks.....eg, hitting, shoving, pushing, kicking and biting

threatening behaviour....eg, shaking fists, destroying property or throwing things verbal or written threats....eg, a threatening phone call to a worker's home, or any expression of intent that could reasonably be interpreted as potential for physical harm.



British Columbia Division
3303 32nd Ave. Vernon, BC V1T 2M7

Giving Hope Today

Phone: 250.549.4111 Fax: 250.549.7344

2.3 "Discrimination" is defined as a distinction, whether intentional or not, based on protected grounds relating to personal characteristics of a worker or group of workers. This distinction has the effect of imposing burdens, obligations, or disadvantages on an individual or group of workers. It could also include the withholding or limiting of access to opportunities, benefits, and advantages available to other workers. The prohibited grounds of discrimination include:

race, colour, ancestry, citizenship, ethnic origin or place of origin creed, religion age sexual orientation family, marital or same sex or common law partnership status disability or perceived disability (including the dependence on alcohol or drugs) gender any other prohibited ground of discrimination under applicable human rights legislation

2.4"Workplace Harassment" is defined as a vexatious course of comment or conduct against a worker in a workplace that is known, or ought reasonably to be known, to be unwelcome. It may include unwelcome, unwanted, offensive, or objectionable conduct that may have the effect of creating an intimidating, hostile or offensive work environment, thereby adversely affecting an individual's employment relationship and/or denying an individual dignity and respect. It may be directed at specific individuals or groups.

For workers in Saskatchewan (Saskatchewan Rider attached)

For workers in Manitoba (Manitoba Rider attached)

For workers in Quebec (Quebec Rider attached)

- 2.5"Domestic Violence" is defined as any actual, attempted or threatened exercise of physical force against a worker in a workplace by a person who is or was in a domestic relationship with the worker (for example, spouse, former spouse, current or former partner or family member) that could cause physical harm to a worker at the workplace.
- 2.6"Complainant" is defined as any worker(s) that makes a complaint under this policy.
- 2.7° Respondent" is defined as any worker(s) against whom a complaint is being brought against under this policy.
- 2.8"Investigator" is the individual assigned to investigate the complaint. This could include but not be limited to a senior employee, an officer, or a contracted third party.

$3.0\,$ GENERAL PROVISIONS APPLYING TO WORKPLACE HARASSMENT, DISCRIMINATION AND VIOLENCE

- 3.1The Salvation Army will take appropriate action to deal with all concerns, complaints, or incidents of workplace harassment, discrimination and violence in a fair and timely manner while respecting workers' privacy as much as possible.
- 3.2The Salvation Army reserves the right to discipline any worker, regardless of position or title, who is found to be in violation of this policy. False accusations may also result in disciplinary action.
- 3.3Any person who retaliates or engages in reprisal against a worker for filing a complaint or claiming a right under this policy commits a serious violation of this policy and will be subject to discipline.



British Columbia Division
3303 32nd Ave. Vernon, BC V1T 2M7

Giving Hope Today

Phone: 250.549.4111 Fax: 250.549.7344

- 3.4Management actions conducted in a respectful non-vexatious manner; including measures to correct performance deficiencies or to impose discipline for workplace infractions, do not constitute workplace or psychological harassment.
- 3.5It is also recognized that in the course of employment/service some physical contact may be required (eg, when supporting elderly persons or persons with disabilities). It is expected **that** workers will treat one another and those they serve with the utmost respect, upholding the personal dignity of all.
- 3.6The Salvation Army reserves the right to conduct its own investigations, provided that the investigation does not interfere or compromise an external authority's investigation.
- 3.7The Salvation Army will take all reasonable steps to reduce the risk of harassment, discrimination and violence by clients towards workers. In some instances, The Salvation Army may only have limited legal authority to terminate its client relationship or to impose restrictions on such clients for harassing or violent behaviour. Workers should report all workplace harassment, discrimination or violence from clients to their supervisor.
- 3.8In the event of any conflict between this policy and applicable legislation, the applicable legislation will prevail.
- 3.9Each Salvation Army workplace will assess the risk of workplace violence in that location and develop, implement and post a specific workplace violence prevention program, which complies with this policy and applicable legislative requirements.

4.0 COMMUNICATION

- 4.1A current copy of this policy shall be posted in a conspicuous place at all Salvation Army workplaces so it is available to all workers.
- 4.2Supervisors and managers shall give new workers a copy of this policy and all other related policies during the orientation process.
- 4.3 Revisions of the policy shall be communicated to all workers.

5.0 RESPONSIBILITIES AND REPORTING 5.1 RESPONSIBILITIES OF WORKERS

- 5.1.1Promote and support a workplace that is free from harassment, discrimination and violence.
- 5.1.2Attend training and/or information sessions related to workplace harassment, discrimination and violence.
- 5.1.3Report to your supervisor any workplace harassment, discrimination, violence, or potential violence that you may be aware of, experience or witness. This also includes domestic violence issues that may have an impact on your safety or that of a co-worker.
- 5.1.4Assess the risk (along with your supervisor) associated with the situation and document the incident.



British Columbia Division 3303 32nd Ave. Vernon, BC V1T 2M7

Phone: 250.549.4111 Giving Hope Today Fax: 250.549.7344

- 5.1.5Contact building security, or where necessary, dial 911 or the local emergency number for emergency services where immediate assistance is required and a supervisor is unavailable.
- 5.1.6Summon help when immediate assistance is required. Do not enter any situation or location where you feel threatened or unsafe.
- 5.1.7Advise your immediate supervisor at the earliest opportunity in the event that threats of workplace harassment, discrimination or violence are received by mail, telephone, fax, email or any other manner, or if you come into contact with an individual whose behaviour has the potential to result in workplace violence.
- 5.1.8Co-operate with the police, Salvation Army investigators, and other authorities during an investigation related to workplace harassment, discrimination or violence. If you give evidence, information or if otherwise involved in the process, you must keep this information confidential, except when disclosure is necessary to effectively deal with an issue.

5.2 RESPONSIBILITIES OF MANAGERS AND SUPERVISORS

- 5.2.1Promote and support a workplace that is free from workplace harassment, discrimination and violence.
- 5.2.2Attend training and/or information sessions related to workplace harassment, discrimination and violence. Ensure that each worker receives training on this policy, and the workplace prevention program for the location.
- 5.2.3Ensure a workplace violence risk assessment is conducted, a workplace violence prevention program is in place, and that the program is reviewed and updated annually for each location.
- 5.2.4Encourage workers to inform their immediate supervisor of any workplace harassment, discrimination and violence or potential violence that they may be aware of experience and/or witness. This also includes domestic violence issues that may have an impact on the safety of a worker or his/her co-workers.
- 5.2.5 Advise your immediate supervisor at the earliest opportunity in the event that threats of workplace harassment, discrimination or violence are received by mail, telephone, fax, email or any other manner, or if you come into contact with an individual whose behaviour has the potential to result in workplace violence.
- 5.2.6Report all incidents of workplace harassment, discrimination and violence (including situations that could result in future workplace violence) to your senior manager.
- 5.2.7Ensure that the Divisional Commander/Department Head and his/her designate is advised. The Divisional Commander/ Department Head is to advise the Territorial Headquarters Employee Relations Director and the Secretary for Personnel will be notified.



British Columbia Division
3303 32nd Ave. Vernon, BC V1T 2M7

Giving Hope Today Fax:

Phone: 250.549.4111 Fax: 250.549.7344

5.2.8Co-operate with the police, Salvation Army investigators and other authorities during an investigation related to workplace harassment, discrimination or violence. If you give evidence, information or if otherwise involved in the process, you must keep this information confidential, except when disclosure is necessary to effectively deal with an issue.

5.3 RESPONSIBILITIES OF DIVISIONAL DIRECTOR OF EMPLOYEE RELATIONS

- 5.3.1Promote and support a workplace that is free from harassment, discrimination and violence, and offer worker training and awareness programs.
- 5.3.2Notify and consult the Territorial Director of Employee Relations when a formal investigation to a complaint is recommended.
- 5.3.3Provide guidance and support to the workplace parties involved in a complaint under this policy including the provision of information on Employee and Family Assistance Program (for employees) and Pastoral Services (for officers) as applicable.
- 5.3.4 Ensure confidential records are maintained.

5.4 RESPONSIBILITIES OF THE TERRITORIAL EMPLOYEE RELATIONS DIRECTOR OR DESIGNATE

- 5.4.1Promote and support the harassment, discrimination and violence prevention policy in the organization.
- 5.4.2 Ensure the Secretary for Personnel is advised of all incidents.
- 5.4.3 Assign investigators to complaints/incidents. This may be in conjunction with the Secretary for Personnel if an officer is party to the complaint/incident.
- 5.4.4Provide guidance and support to the workplace parties involved in a complaint/incident under this policy including the provision of information on Employee and Family Assistance Program and Pastoral Services as applicable.
- 5.4.5 Receive the formal investigation report from investigators. The report will be distributed to the Divisional Commander/Department Head and to the Divisional Director of Employee Relations. Where a Salvation Army officer is the complainant or respondent, the Secretary for Personnel will also receive the report.

In cooperation with the Division/Department Head appropriate action will be taken based on findings of the investigation.

Where a Salvation Army officer is the complainant or respondent, the Secretary for Personnel will take appropriate action.

5.5 RESPONSIBILITIES OF THE INVESTIGATOR

- 5.5.1Promote and support the harassment, discrimination and violence prevention policy in the organization.
- 5.5.2Conduct the investigation of a formal complaint or violent incident in accordance with the investigation guidebook.



British Columbia Division
3303 32nd Ave. Vernon, BC V1T 2M7

Phone: 250.549.4111 Giving Hope Today Fax: 250.549.7344

6.0 PROCEDURE FOR INVESTIGATIONS OF HARASSMENT & WORKPLACE VIOLENCE

6.6.1When a complaint of workplace harassment or violence has been received, the procedures outlined in the Investigative Reference Guide will apply.

Note: In addition to the definitions under "Discrimination" Salvation Army officers are bound by Orders & Regulations and the ecclesiastical standards set within. In the event of a conflict between the provisions of this policy and by Orders and Regulations, the latter shall take precedence.

Mark Tillsley

Colonel Chief Secretary



British Columbia Division
3303 32nd Ave. Vernon, BC V1T 2M7

Giving Hope Today Fax

Phone: 250.549.4111 Fax: 250.549.7344

ld the standards as set out within the Workplace nd Violence Prevention Policy.

Name (Please Print)

Signature

Date



British Columbia Division 3303 32nd Ave. Vernon, BC V1T 2M7

Phone: 250.549.4111 Fax: 250.549.7344

I have read and agree to uphold the standards as set out within the Abuse Prevention Policy Manual.

Name	
Signature	
Date	



VOLUNTEER - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

THIS FORM MUST BE SIGNED BY THE VOLUNTEER ORGANIZATION AUTHORIZED CONTACT AND SUBMITTED WITH THE VOLUNTEER CONSENT FORM

SECTION 1: FOR AUTHORIZED CONTACT USE

CO	ONSENT TO A CRIMINAL RECORD CHECK - VOLUNT	EER ORGANIZATION CHECKLIST		
	Records Review Program (CRRP). FORMS SUBMITTED B' PROCESSED.			
	, and a supply of the combonition to the			
	My organization will verify the volunteer's I.D. in person and ensure that the information provided on the consent form(s) is accurate.			
AU	UTHORIZED CONTACT SIGNATURE REQUIREMENT :	ACCOUNTABILITY AND ACKNOWLEDGEMENTS		
	importance of my organization diligently carrying its duties in	RRP to conduct a complete risk assessment, and the critical name this regard. Any false statements or deliberate omissions on a post the CRRP to accurately determine whether the applicant poses		
	On behalf of the organization, I confirm that the volunteer's/	applicant's primary and secondary I.D. have been verified.		
AU.	UTHORIZED CONTACT NAME:	SIGNATURE:		
SEC	CTION 2: FOR VOLUNTEER USE			
CO	ONSENT TO A CRIMINAL RECORD CHECK - VOLUNT	EER CHECKLIST		
	I have completed the attached consent form truthfully, clearly	y and legibly, and signed and dated it.		
	My volunteer organization has verified my I.D. in person to c form is accurate.	onfirm my identity and ensure that the information on my consent		
	My organization will retain the original consent form and will	forward a copy to the CRRP on my behalf.		
	I have read and understand the Consent for Release of Infor the Freedom of Information and Protection of Privacy Act (FG	mation and Acknowledgements (below) and information regarding DIPPA) on Page 2.		
L				
CO	ONSENT FOR RELEASE OF INFORMATION AND ACK	,		
THE OWNER OF THE OWNER OWNER OF THE OWNER O		NOWLEDGMENTS		
THE OWNER OF THE OWNER OWNER OF THE OWNER O	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and	NOWLEDGMENTS		
PU	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and of my Driver's Licence number or BCID number, name, date of the CRRP for ID verification purposes.	to determine whether I have a conviction or outstanding charge for any riew Act. I understand that providing my Driver's Licence number or on will facilitate identification requirements; and, in accordance with a Protection of Privacy Act (FOIPPA), I hereby consent to the release birth and gender to the Insurance Corporation of British Columbia by		
PU □	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and of my Driver's Licence number or BCID number, name, date of the CRRP for ID verification purposes. I hereby consent to a check of all available law enforcement systems.	to determine whether I have a conviction or outstanding charge for any riew Act. I understand that providing my Driver's Licence number or on will facilitate identification requirements; and, in accordance with a Protection of Privacy Act (FOIPPA), I hereby consent to the release birth and gender to the Insurance Corporation of British Columbia by stems, including any local police records.		
PU	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and of my Driver's Licence number or BCID number, name, date of the CRRP for ID verification purposes. I hereby consent to a check of all available law enforcement system of the Criminal of the Crim	to determine whether I have a conviction or outstanding charge for any riew Act. I understand that providing my Driver's Licence number or on will facilitate identification requirements; and, in accordance with an experiment of the release birth and gender to the Insurance Corporation of British Columbia by estems, including any local police records. The been convicted of and received a record suspension (formerly known electrical sector searches, and an experimental sector sector sector searches, and an experimental sector sec		
PU	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and of my Driver's Licence number or BCID number, name, date of the CRRP for ID verification purposes. I hereby consent to a check of all available law enforcement system in the consent to a Vulnerable Sector search to check if I have as a pardon) for any sexual offences as per the Criminal Replease visit the RCMP website: http://www.rcmp-grc.gc.ca/en/fa	to determine whether I have a conviction or outstanding charge for any riew Act. I understand that providing my Driver's Licence number or on will facilitate identification requirements; and, in accordance with a protection of Privacy Act (FOIPPA), I hereby consent to the release birth and gender to the Insurance Corporation of British Columbia by externs, including any local police records. The been convicted of and received a record suspension (formerly known records Act. For more information on Vulnerable Sector searches, ages-about-vulnerable-sector-checks or be required to submit fingerprints to confirm my identity. The ments in the custody of the police, the courts, corrections, and crown my relevant or specified offence(s) as defined under the Criminal		
PU	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and of my Driver's Licence number or BCID number, name, date of the CRRP for ID verification purposes. I hereby consent to a check of all available law enforcement system in the content of	to determine whether I have a conviction or outstanding charge for any riew Act. I understand that providing my Driver's Licence number or on will facilitate identification requirements; and, in accordance with a Protection of Privacy Act (FOIPPA), I hereby consent to the release birth and gender to the Insurance Corporation of British Columbia by stems, including any local police records. The been convicted of and received a record suspension (formerly known electrical Act. For more information on Vulnerable Sector searches, ags-about-vulnerable-sector-checks be required to submit fingerprints to confirm my identity. The ments in the custody of the police, the courts, corrections, and crown by relevant or specified offence(s) as defined under the Criminal provictions deemed relevant by the Deputy Registrar. The trivial standing charge for a relevant or specified offence(s) may exist, I		
PU	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and of my Driver's Licence number or BCID number, name, date of the CRRP for ID verification purposes. I hereby consent to a check of all available law enforcement system of the CRRP for ID verification purposes. I hereby consent to a Vulnerable Sector search to check if I have as a pardon) for any sexual offences as per the Criminal Replease visit the RCMP website: http://www.rcmp-grc.gc.ca/en/fa/blacket/site in the Poputy Registrar any docu counsel relating to any outstanding charges or convictions of an Records Review Act or any police investigations, charges, or conviction of a check indicate that a criminal record or of agree to provide my fingerprints to verify any such criminal record.	to determine whether I have a conviction or outstanding charge for any riew Act. I understand that providing my Driver's Licence number or on will facilitate identification requirements; and, in accordance with a Protection of Privacy Act (FOIPPA), I hereby consent to the release birth and gender to the Insurance Corporation of British Columbia by stems, including any local police records. The been convicted of and received a record suspension (formerly known electrical Act. For more information on Vulnerable Sector searches, ags-about-vulnerable-sector-checks be required to submit fingerprints to confirm my identity. The ments in the custody of the police, the courts, corrections, and crown by relevant or specified offence(s) as defined under the Criminal provictions deemed relevant by the Deputy Registrar. The trivial standing charge for a relevant or specified offence(s) may exist, I		
PU	ONSENT FOR RELEASE OF INFORMATION AND ACK URSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions relevant or specified offence(s) under the Criminal Records Rev BCID number pursuant to this criminal record check authorizatic Sections 32(b) and 33.1(1)(b) of the Freedom of Information and of my Driver's Licence number or BCID number, name, date of the CRRP for ID verification purposes. I hereby consent to a check of all available law enforcement system of the CRRP for ID verification purposes. I hereby consent to a Vulnerable Sector search to check if I have as a pardon) for any sexual offences as per the Criminal Replease visit the RCMP website: http://www.rcmp-grc.gc.ca/en/fail lunderstand that as part of the Vulnerable Sector search, I may I hereby authorize the release to the Deputy Registrar any docu counsel relating to any outstanding charges or convictions of an Records Review Act or any police investigations, charges, or convictions of a check indicate that a criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my fingerprints to verify any such criminal record or or agree to provide my f	to determine whether I have a conviction or outstanding charge for any riew Act. I understand that providing my Driver's Licence number or on will facilitate identification requirements; and, in accordance with a Protection of Privacy Act (FOIPPA), I hereby consent to the release birth and gender to the Insurance Corporation of British Columbia by stems, including any local police records. The been convicted of and received a record suspension (formerly known records Act. For more information on Vulnerable Sector searches, ages-about-vulnerable-sector-checks The required to submit fingerprints to confirm my identity. The ments in the custody of the police, the courts, corrections, and crown by relevant or specified offence(s) as defined under the Criminal provictions deemed relevant by the Deputy Registrar. The utstanding charge for a relevant or specified offence(s) may exist, I red. The charge or conviction for a relevant of specified offence(s), and that the later is a risk of physical or sexual abuse to children and/or physical, the determination will include consideration of any relevant or	38	

Website: https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check Phone: 1-855-587-0185 (Option 2) Page 1 of 2



VOLUNTEER CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process. Your organization must complete the 'WORKS WITH' category portion of the form. WORKS WITH (choose one): children vulnerable adults children and vulnerable adults PART 1: APPLICANT INFORMATION Legal Surname / Last name: Legal Given / First Name: Legal Middle Name: Date of Birth: Sex: M Birthplace: MM DD Additional Names (Alias, Maiden Name, etc.): Surname / Last Name: Given / First Name: Middle Name: Mailing Address: City: Province: Country: Postal Code: Residential Address (If different from above): City: Province: Country: Postal Code: Contact Area Code & Phone No. Driver's Licence or BCID #: PART 2: VOLUNTEER ORGANIZATION INFORMATION To be completed by Authorized Contact: Volunteer Organization Name: THE SALVATION ARMY - VERNON Authorized Contact Name and Title ID Number (Provided to the organization from the CRRP): 1490660 Mailing Address: City: Province: Country: Postal Code: Office Area Code & Phone No: PART 3: POSITION WITH VOLUNTEER ORGANIZATION Volunteer's position/Job Title with volunteer organization: PART 4: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS I have read and understand the Consent for Release of Information and Acknowledgements on Page 1. I hereby consent to these terms as indicated by my signature below: Applicant Signature Date Signed YYYY/MM/DD FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).

Website: https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check Phone: 1-855-587-0185 (Option 2)





Code of Conduct

for all officers, employees and volunteers of The Salvation Army in Canada and Bermuda

The Salvation Army Canada and Bermuda Territory Code of Conduct

1. Purpose

In order to assist The Salvation Army in maintaining a harmonious and ethical work environment, which honours God and serves the community, this Code of Conduct (the "Code") has been adopted to set out the Basic Principles and Rules that all staff must follow in the performance of their work, whether they are officers, employees or volunteers.

2. Basic Principles

All officers, employees and volunteers of The Salvation Army are expected to behave in ways that are aligned with the organization's mission and values.

Mission Statement:

The Salvation Army exists to share the love of Jesus Christ, meet human needs and be a transforming influence in the communities of our world.

Core Values:

Hope: We give hope through the power of the gospel of Jesus Christ. **Service:** We reach out to support others without discrimination.

Dignity: We respect and value each other, recognizing everyone's worth. **Stewardship:** We responsibly manage the resources entrusted to us.

3. Rules of Conduct ("Rules")

In all dealings at or on behalf of The Salvation Army, Officers, Employees and Volunteers must:

- a) Conduct themselves at all times with honesty, integrity and transparency;
- b) Perform their defined duties to the best of their ability;
- c) Treat others, including other officers, employees, volunteers, funders and clients with respect, dignity, fairness and courtesy;
- d) Never act in a discriminatory, harassing or violent way towards others;
- e) Never use their position in order to gain an advantage over or exploit the vulnerability of others;
- f) Avoid putting themselves or The Salvation Army in a real or perceived conflict of interest;
- g) Follow all applicable laws regardless of where The Salvation Army conducts its operations;
- h) Comply with all applicable Salvation Army policies and procedures;
- i) Collect, use and disclose confidential information only in accordance with Salvation Army policy and applicable privacy law;
- j) Conduct all business activities in a responsible manner, consistent with ethical obligations of stewardship and in accordance with all applicable laws, policies and procedures;
- k) Always strive for the highest health, safety and environmental standards in all facilities and work areas;

The Salvation Army Canada and Bermuda Territory Code of Conduct

- I) Keep all records, documents and communications accurate, truthful, and up-to-date;
- m) Use information technology, including internet and email, in a professional and appropriate manner, in accordance with Salvation Army policy;
- n) Never destroy or take for personal use any items belonging to or safeguarded by The Salvation Army without prior written approval;
- o) Never participate in or assist others to participate in any illegal and/or criminal activities;

4. Officers: Orders and Regulations

In the event of a conflict between the provisions of this Code of Conduct and Orders and Regulations, the latter shall take precedence.

5. Violation of the Code

Any violation of this Code is viewed as a serious matter and could result in disciplinary action up to and including termination for cause.



CODE OF CONDUCT RECEIPT AND ACKNOWLEDGMENT FORM

I acknowledge that I have received and read The Salvation Army's Code of Conduct. I understand the standards and policies contained in the said Code. I further agree to comply with the said Code.

I understand that if I have any questions or concerns at any time regarding the Code of Conduct, I will consult with my supervisor.

NAME:
(Officer/Employee/Volunteer)
Signature
Signature:
Ministry Unit/DHQ/THQ:
Date:



British Columbia Division 3303 32nd Ave. Vernon, BC V1T 2M7

Phone: 250.549.4111 Fax: 250.549.7344

Database Search Authorization

- 1. I hereby authorize The Salvation Army to conduct whatever searches it deems necessary, including a Police Records Search, to confirm that the information set out above is accurate and complete.
- 2. I hereby authorize The Salvation Army to conduct a search of all Child Abuse Registries in Canada to confirm that I am not listed as a child abuser.
- 3. I hereby agree that, immediately upon request, I shall provide The Salvation Army with whatever consents and authorizations it requires to conduct the searches that are contemplated in paragraphs 1 and 2 above.
- 4. I hereby authorize any individual or organization, including any organization which maintains a Child Abuse Registry, and their agents employees and representatives to provide The Salvation Army with any information which they have regarding my character and fitness for work with children and youth. I hereby release all such organizations and individuals from all claims, demands, actions and causes of action whatsoever, which my in any way arise out of the provision of such information to The Salvation Army.

SIGNATURE OF APPLICANT	SIGNATURE OF WITNESS
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
DATE	DATE



British Columbia Division 3303 32nd Ave. Vernon, BC V1T 2M7

Phone: 250.549.4111 Fax: 250.549.7344

On-Line Abuse Prevention Training with Armatus:

Instructions:

1. To enroll go to:

http://website.praesidiuminc.com/EnrollNow

If you have already enrolled, please login: http://website.praesidiuminc.com/LoginNow

*If you forgot your username and password, please email me Tracy_mellott@can.salvationarmy.org

- 2. Registration code: SACBTHQ
- 3. Your ministry unit is: Vernon
- 4. Please complete the following courses:
 - My name is Sam
 - It Happened to Me
 - Duty to Report
 - A Day at Day Camp

Please let me know if you have any questions, thank you.