



Volunteer Services Induction Worksheet

Name of applicant: _____ Date: _____

Interviewed by: _____

1. Inquire how they heard about the volunteer program: _____

2. Inquire why they want to volunteer: _____

3. Education: _____

4. Employment History: _____

5. Volunteer Work: _____

6. Confirm Time Commitment availability as indicated on application form. Review possible placements that might correspond with their schedule.

SH-SS Confidential Employee Immunization Form Yes No

Security Checks

- | | | |
|---|------------------------------|-----------------------------|
| 1. Criminal Record Check | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Vulnerable Sector Search (If required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Child Abuse Registry Check (If required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Adult Abuse Registry Check (If required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

References

Review of references - Information complete Yes No

Consent

Parental/Guardian Consent (15 & under) Yes No N/A

Additional Comments/Skills, etc

Proceed Reject Reason for rejection: _____

Proceed with Reference Check: Yes No

CONFIRMATION OF PLACEMENT

Date Confirmed with Volunteer: _____

PLACEMENT			Placement Supervisor	Start Date	Date Completed
Location	Department	Job			

School/Agency/Work Experience Placement *(If applicable)* _____

Contact Person: _____ **Phone #:** _____

Comments: _____

GENERAL / INDIVIDUAL ORIENTATION

Date: _____ **Time:** _____ **Location:** _____

ID Badge #: _____ **ID Badge Returned** Yes No

Handbook **PHIA** **Activity Description** **Time Sheet Provided to:**
Volunteer Placement Supervisor