



Temiskaming & District Victim Crisis Assistance & Referral Service

Welcome to Temiskaming and District VCARS!!!

After you have read about our program and wish to be considered as a volunteer, your next step is to fill out the documentation listed below and return it to us. You can either mail it back to us at the address below, fax it to one of the fax numbers listed below, or drop it off at your local Police Detachment. You may keep the Information about our program.

- 1) Information about our Program**
- 2) Volunteer Application**
- 3) Consent to Disclosure of Personal Information**
- 4) Confidentiality Agreement**
- 5) Volunteer Driver's Information and Release Form**
- 6) Memorandum of Understanding**

A police check (CPIC) needs to be done. Please note that two pieces of identification must be brought into your local police station. One piece of identification must have photo ID with your name, date of birth and current address on it. (There will be no cost to you for your CPIC).

Once your police check is completed, your application is then processed. You will then be contacted to attend an interview that will be approximately 30-45 minutes. Once you are accepted as a potential volunteer, you will be contacted for our next training session.

Upon completion of your training and after you have sworn an oath or affirmation of confidentiality in front of the Justice of the Peace, you will then be part of a challenging and rewarding team as a VCARS Volunteer Crisis Responder!

If you have any questions regarding this information or wish further clarification, please do not hesitate in contacting me at (705) 647-0096.

Thank you for your interest in Temiskaming and District VCARS.

Sincerely,

Judie Martin
Executive Director
(705) 648-1265
temvcars@ntl.sympatico.ca

Temiskaming Shores Business Office
P.O. Box 1312, 300 Armstrong St. N.
New Liskeard, Ontario P0J 1P0
(705) 647-0096

Temiskaming Shores Fax: (705) 647-5646

Kirkland Lake Fax (705) 568-2153



Temiskaming and District Victim Crisis Assistance and Referral Service (VCARS)

“AN OVERVIEW”

Temiskaming and District VCARS is a community-based service that assists police in providing short-term emotional support, practical assistance and referrals to victims of crime, tragic circumstance or disaster. Community volunteers provide for the victims immediate needs and supply referrals to existing community services if longer care is required.

Crisis Assistance is given by specially trained community volunteers who are on call (scheduled at their preference) to the OPP; 24 hours a day, seven days a week. The emergency departments of Temiskaming Hospital and Kirkland and District Hospital and local fire departments can also call out volunteers. On consent of the victim, the volunteers attend to render whatever emotional or practical help is needed. The volunteers can attend to calls involving; suicide, domestic assault, homicide, traffic accidents, robbery, sexual assault and fire.

In addition to emotional support, volunteers may provide transportation to emergency services, assist with clean up, make phone calls or help with other arrangements as requested. If the victim is identified as having longer-term needs, the volunteers will provide information and referral options for further assistance.

The objective of VCARS is to lessen the trauma of being victimized, help the victim cope with the impact of crime or tragic circumstance and encourage the victim to connect with other services that provide counseling, financial assistance, housing, compensation, and medical and legal services, as appropriate.

In assisting the police, it allows the police to be available sooner to attend to other crises and provides an opportunity for the community to become more involved in dealing with the effects of crime and in mobilizing crime prevention in their area.



Temiskaming and District Victim Crisis Assistance and Referral Service (VCARS)

PART A: General Information

Surname: _____ Given Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Is it convenient to contact you at work? Yes No Birth Date: _____

Email Address #1: _____ Email Address #2: _____

Please check the reasons you wish to volunteer with our organization:

- Challenging work
- Resume References
- Meet new people
- Continuing Education Opportunities
- Contribution to the Community
- Contribute skills different from regular work
- Recognition
- Other _____

PART B: Background Information – you may attach a resume if you wish

Education: (Include highest grade completed, college/university, relevant training/courses)

Employment: (Present position, related work experience)

Previous Community and Volunteer Experience:

Recreation/Hobbies: _____

PART C: Availability

When are you available to be on call?

- days
- evenings
- weekends
- weekdays
- 24/7 anytime

What area do you wish to cover?

- North of Englehart
- South of Englehart
- Either end in the case of a large scale emergency

Number of Children: _____ Ages: _____ Spoken Languages: _____

Are you willing to transport victims in your vehicle? _____ Do you have access to a vehicle? _____

Can you realistically offer at least 1 year to VCARS? _____

Volunteer's Signature: _____ Date: _____



Temiskaming and District Victim Crisis Assistance and Referral Service (VCARS)

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

As a volunteer of Temiskaming & District VCARS, I am subject to initial and annual police record checks.

I hereby consent to full disclosure by my local police service to Temiskaming & District VCARS of all police record information concerning me.

This consent includes the release of records of criminal convictions for which pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under than Act of Parliament or an Act of the Legislature.

This consent also includes and authorizes the release of information available from the records of any police agency, including occurrence information, which my local police service deems necessary to fulfill the requirements of the screening process.

This consent is given pursuant to *the Freedom of Information and Protection of Privacy Act*.

I understand that this consent shall remain in force until such time as I am no longer a volunteer with Temiskaming & District VCARS or until such earlier time as I provide written direction that such consent has been revoked.

Signature: _____

Date: _____

VCARS Representative: _____

Date: _____



Temiskaming and District
Victim Crisis Assistance and Referral Service
(VCARS)

Confidentiality Agreement

I understand that I will be privy to confidential information and documents while volunteering with Temiskaming and District VCARS.

In respect for the privacy of all clients of Temiskaming and District VCARS, I promise and agree that I will not now, or at any time hereafter, disclose or give any person any information or document which comes to me in the course of my work with VCARS. (Except when disclosure is authorized by the Court, by the client in writing, or when there is clear and imminent danger to an individual or society).

I understand breach of this agreement will constitute grounds for my dismissal.

Signature: _____

Date: _____

VCARS Representative: _____

Date: _____



Temiskaming and District Victim Crisis Assistance and Referral Service (VCARS)

Volunteer Driver's Information and Release Form

(This section to be completed by the volunteer)

Name of Volunteer: _____

Address: _____

Driver's License Number: _____

Please indicate any accidents or violations:

Name of Insurance Company: _____

Name of Insurance Agent: _____

Address: _____

Policy Number: _____

Amount of Insurance: _____

Expiration Date: _____

(This section to be completed by the insurance representative)

I have been duly notified of the occasional volunteer driving activity of the person named above, and certify that the insurance information provided is correct.

Name: _____ Title: _____

Signature: _____ Date: _____

A copy of this completed form must be filed with the volunteer's Application Form.

Signature of Volunteer: _____ Date: _____

Signature of VCARS Representative: _____ Date: _____

MEMORANDUM OF UNDERSTANDING

All members of the VCARS Program shall read and sign the Memorandum of Understanding. Copies of this document shall be maintained in the volunteer's file maintained by the Program Coordinator.

Please check the position you are interested in applying for:

- Crisis Responder Executive Board of Directors
 Fundraising Committee Other _____

I, _____, the undersigned agree that if I am selected as a volunteer for Temiskaming & District VCARS I will serve as a volunteer team member for a minimum of one year. I understand that serving as a member requires the following commitment and obligations:

- Completion of the 40 hours of training mandated by the Ministry of the Attorney General.
- Attend a minimum of five volunteer monthly in-service meetings.
- Agree to be available to be on call at least once every 6 weeks.
- Complete any required records or paperwork.
- Follow all policies and procedures approved by our Board of Directors.
- Notify the Program Coordinator of any change that could be reflected on my CPIC
- Maintain strict confidentiality:
- Other:

Revocation/Suspension of my membership may occur, under the following circumstances:

- A) If I fail to maintain strict confidentiality. Any breach in confidentiality will result in immediate removal from the team and the program.
- B) If I fail to follow all policies and procedures.
- C) If I organize, or in any way attempt to organize, the dispatching of a VCARS team without the Program Coordinator's knowledge and approval.

- D) If I organize, or in any way attempt to organize, VCARS activity or program without the Program Coordinator's prior knowledge and approval.
- E) If I go to the scene or place of an incident to act on the behalf Temiskaming & District VCARS without the prior knowledge or consent of the Program Coordinator or Team Lead.
- F) If I fail to respond to a VCARS call when I have commitment to do so.
- G) If I act against the express directions of the Program Coordinator, Executive Director, or Team Leader.
- H) If I cause dissent among fellow volunteers.
- I) If I misrepresent the affairs or operations of the VCARS Program.
- J) If I am habitually or continually absent from scheduled team meetings.
- K) If I respond to a VCARS call after consuming alcohol or other intoxicants.

I have read and understand these commitments and obligations and will agree, if selected, to serve as a volunteer for the VCARS Program and to abide by all protocols.

I understand this agreement remains in effect for the duration that I am a volunteer member of this team.

Date: _____

Signed: _____
Team Member

Date: _____

Signed: _____
Program Coordinator