



## Aidaen's Place

487 Main Street  
Yarmouth, NS  
B5A 1H4

Welcome!

Thank you for your interest in volunteering with the Aidaen Mae Fund. This package includes many of the documents needed to begin your rewarding and fulfilling journey at Aidaen's Place

Enclosed you will find:

- A volunteer letter. Take this to your local RCMP detachment and request a criminal records check and vulnerable sector check to be completed.
- (Form A) that needs to be sent to The Child Abuse Registry in Halifax with appropriate identification.
- Volunteer application form that, once completed, allows us to schedule an in-person interview.
- Two reference forms that need to be filled out by someone that knows you well.
- Volunteer emergency contact details – please return
- Code of conduct to review, sign and return.
- Peer Support Agreement
- Policies & procedures checklist that needs to be returned once management has gone over all of the items with you.
- Application Process Checklist that will be completed by the time you join us as a full volunteer.
- Two-page on-boarding checklist that will be completed before the end of your training shifts.

Please do not let these forms intimidate you. The process is fairly quick and easy. Contact me as soon as you have your application completed and your letter dropped off at the RCMP station. We can then start the interview process.

Please contact Michelle Blauvelt, or myself, if you require any further information. We are very eager to have you join our family of volunteers.

Regards,

Kelly M. Mitchell  
Executive Director / Founder



## Aidaen's Place

487 Main Street  
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B5A 1H4

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

To whom this may concern;

### **RE: Persons of vulnerability record check**

As part of our ongoing commitment to provide mental health Peer Support to youth ages 11-17, Aidaen's Place requires all workers to have a RCMP criminal records check as well as a persons of vulnerability check done to protect the well being of our clients.

Volunteers and or staff will be providing:

- One on One peer coaching
- Group peer coaching
- Community Education (may include workplace wellness and school presentations grades 7-12) & Wellness Workshops
- Themed nights for youth aged 11-17
- Supervision at our youth wellness drop-in centre.

Please accept this letter as acknowledgement and mandate that the person presenting the letter, \_\_\_\_\_, is required to have a favourable criminal record and vulnerable sectors check completed in order to work or volunteer in our within our organization.

- Paid Position
- Volunteer position

Please contact us if you require any further information.

Kelly M. Mitchell

Executive Director / Founder  
aidaensplace@gmail.com

**1 Will you have contact with children under age 19?**

Yes, complete this form  No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only** if you have contact with children under the age of 19. Search results are for Nova Scotia only.

**2 Give your personal information (please print)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Middle names: \_\_\_\_\_ Last name at birth: \_\_\_\_\_  
All other names during your lifetime: \_\_\_\_\_  
Commonly used names, nicknames, aliases: \_\_\_\_\_  
Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female  Transgender  
Health card number: \_\_\_\_\_ Drivers license master number: \_\_\_\_\_  
Current mailing address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: Home (xxx-xxx-xxxx): \_\_\_\_\_ Cell (xxx-xxx-xxxx): \_\_\_\_\_  
Are you a current or former resident of Nova Scotia?  Yes  No

**3 Attach photocopy to prove your identity**

Include proof of your identity. Attach a photocopy of your valid Canadian:  Driver's license,  Health card or  Passport

If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

**4 Sign the request and certification**

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register.

I certify that the information given on this form is correct.


Signature: \_\_\_\_\_ Date(dd/mm/yyyy): \_\_\_\_\_

**5 Send the form to us**

Private and Confidential  
Child Abuse Register  
Department of Community Services  
P.O. Box 696  
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798

<b>For staff use only</b>	
<input type="checkbox"/> As of this date, _____ the name of the above <b>HAS NOT</b> been entered in the Child Abuse Register.	
<input type="checkbox"/> Consent withdrawn by applicant	
Authorized signature: _____	
Certified by the Department of Community Services Child Abuse Register (stamp)	



## **SECTION B**

Why do you want to volunteer with the Aidaen Mae Fund? Please include information about any skills or experience you hope to gain through volunteering

## **SECTION C**

Please give details of any previous experience you may have of looking after and/or working with youth and mental wellness.

## SECTION D

Please give details of any relevant qualifications, training and/or personal qualities which you feel equip you to work with youth struggling with their mental health and wellness.

## SECTION E: Vetting Procedures

Delete 1 or 2 as applicable:

- 1) This application will require completion of **this application form**.
- 2) This application will require an **approved criminal records check, a vulnerable sector check and an approved child abuse registry**. Also, you will be expected to agree to, and sign, the attached **code of conduct**.

## SECTION F: Declaration

I confirm that the information I have given in this form is accurate and truthful.

Signed:

Date:

Thank you for completing this application form. Please return it, **in person**, to the name and address given below:

**Kelly Mitchell**  
**Aidaen's Place**  
**487 Main Street**  
**Yarmouth, Nova Scotia B5A 1H4**

**The information you give us in this form will be treated in the strictest confidence.**

# VOLUNTEER REFERENCE FORM – CONFIDENTIAL

## AIDAEN MAE FUND / AIDAEN'S PLACE

**Name of prospective volunteer:** \_\_\_\_\_

The individual named above has applied to volunteer with the **AMF** as a youth peer support volunteer or as a worker who will be in contact with youth ages 11-17. They have given your name or organization as a contact for reference. We would appreciate your honesty in providing our organization with the following information.

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Based on the association you have had with the applicant, please describe the characteristics of the applicant which, in your opinion, you think would help them succeed in this position or would be an asset to this organization should a volunteering role be offered.

Please complete the following if you have had sufficient opportunity to observe and evaluate the applicant:

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
Quality of Work				
Team Work Ability				
Attendance & Punctuality				
Conduct & Behaviour				
Engagement with youth				

Is there any reason, that you know of, why this applicant would be unsuitable to work with children or young people?

Completed by: \_\_\_\_\_

Organization/Job Title (if applicable): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact email \_\_\_\_\_

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

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

To ensure confidentiality, scan and email this completed form to [aidaensplace@gmail.com](mailto:aidaensplace@gmail.com) or drop a sealed envelope off at Aidaen's Place, 487 Main Street, Yarmouth, NS B5A 1H4. You may also put this completed form into a sealed envelope and have the applicant submit it if you choose.



# VOLUNTEER REFERENCE FORM - CONFIDENTIAL

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	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
Quality of Work				
Team Work Ability				
Attendance & Punctuality				
Conduct & Behaviour				
Engagement with youth				

Is there any reason, that you know of, why this applicant would be unsuitable to work with children or young people?

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

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# **VOLUNTEERS EMERGENCY CONTACT DETAILS**

## **AIDAEN MAE FUND / AIDAEN'S PLACE**

**Volunteers Name:** \_\_\_\_\_

**Volunteers Health Card #** \_\_\_\_\_

**Volunteers Date of Birth** \_\_\_\_\_

We would be grateful if you could provide us with emergency contact details in the event of an incident whilst you are volunteering with us. You may also like to detail any medical issues that may affect your volunteer role, or may be required by medical staff in an emergency situation (e.g. medication).

**These details are kept strictly confidential and will only be used in an emergency.**

Emergency Contact #1 Name:

Relationship (e.g. partner, sibling):

Home Address:

Emergency Telephone Numbers:

**We would appreciate an alternative emergency contact name in case we are unable to contact the above individual.**

Emergency Contact #2 Name:

Relationship (e.g. partner, sibling):

Home Address:

Emergency Telephone Numbers:

Medical details needed by a paramedic:

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## VOLUNTEER CODE OF CONDUCT

### RATIONALE:

To notify all employees and or, volunteers about the importance of working in a safe and positive work environment. All volunteers of the Aidaen Mae Fund, (referred to herein as **AMF**) are expected to meet **AMF** performance standards and to always conduct themselves professionally within the workplace and when interacting with our business contacts/clients. This policy is intended to promote the orderly, efficient and respectful operation of the **AMF**, as well as to protect the rights of all volunteers.

### WHO IT AFFECTS:

This policy applies to all current employees and volunteers which include full-time, part-time, casual, contractors and visitors present on the premise of all the **AMF** properties and during the use of **AMF** equipment.

### DEFINITIONS:

**Disciplinary Action:** is a process to improve unacceptable behavior or performance, when other methods such as counseling and performance appraisal have not been successful. It may be in the form of a written warning, suspension, reduction in pay, demotion or termination.

**Discrimination:** includes not individually assessing the unique merits, capacities and circumstances of a person instead making stereotypical assumptions based on a person's presumed traits having the impact of excluding persons, denying benefits or imposing burdens.

The grounds for discrimination protected under the Canadian Human Rights Act includes race, national or ethnic origin, color, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, disability, genetic characteristics and a conviction for which a pardon has been granted or a record suspended.

**Noncompliance:** failure or refusal to comply, as with a law, regulation, term of a contract or company policies and guidelines.

**Physical force:** power, violence or pressure directed against an individual consisting in a physical act.

**Sexual harassment:** is behaviour characterized by the making of unwelcome and inappropriate sexual remarks or physical advances in a workplace or other professional or social situation. It may take various forms and can be said to exist on a range from seemingly mild transgressions to severe behaviour and is a type of discrimination based on sex.

**Verbal abuse:** is when a person forcefully criticizes, insults or denounces someone else.

### DEVELOPED BY:

This policy was developed for the **AMF** on March 5<sup>th</sup> 2020, by Scott Mitchell.

## VOLUNTEER CODE OF CONDUCT

### **POLICY:**

**All employees and volunteers are expected to:**

- ✓ Always conduct themselves in a respectful and professional manner
- ✓ Contribute to a positive work environment
- ✓ Treat co-workers with dignity, respect and fairness
- ✓ Promote a workplace that is free of harassment, discrimination and violence
- ✓ Welcome different backgrounds and capabilities in co-workers
- ✓ Avoid making comments that intentionally or unintentionally bully, demean, humiliate, embarrass or affect the psychological or physical well-being of co-workers
- ✓ Avoid exercising physical force that could cause physical injury, intimidation or threatening behaviors such as pushing, kicking or hitting
- ✓ Avoid making use of any tool or device that is threatening to co-workers and can cause injury

The standards of conduct and performance contribute to the maintenance of an enjoyable and comfortable work environment for all of the **AMF** employees and volunteers. Violations, therefore, shall be regarded as cause for disciplinary action, up to and including dismissal. Dismissal may result from an accumulation of minor infractions corresponding to progressive discipline or a single serious infraction may warrant immediate dismissal.

**The following are examples of prohibited conduct:**

- ❖ *verbal abuse*
- ❖ *sexual harassment*
- ❖ *any mistreatment of the **AMF** clients, personnel or visitors*
- ❖ *noncompliance with any/all company guidelines, policies and/or procedures*
- ❖ *poor work performance*

***Note: this is not a comprehensive list of prohibited conduct and the AMF reserves the right to discipline employees and volunteers for acts or omissions not stated above***

Should a situation arise where you witness the above prohibited conduct or are a victim of the above prohibited conduct, notify any **board member** listed in the office, **immediately**. The **AMF** encourages all employees, and volunteers to bring their disputes or differences with other volunteers, and employees to the attention of the board members before the situation escalates. The **AMF** is committed to aiding in conflict resolution and will not discipline employees for raising such concerns. Employees, and volunteers, can raise concerns and make reports without reprisal. If you feel you or someone else is being discriminated against, notify a board member as soon as possible. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including dismissal.

**COMMUNICATION OF POLICY:**

All **AMF** employees and volunteers, will receive a copy of this policy from the board members, then will sign a master sheet or the document which states that he or she has read and understood the information provided. This policy will be reviewed every twelve months to confirm that the information is up-to-date.

*By signing below, I certify that I have read the entire contents of this policy. I acknowledge, understand, accept and agree to comply with the information contained in this policy. I also understand that failure to comply with the information in this policy may lead to disciplinary action, up to and including dismissal.*

**Staff member name (print)** \_\_\_\_\_

**staff member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Management Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### **PEER SUPPORT AGREEMENT (trained and untrained staff)**

*Updated January 9, 2023*

I, \_\_\_\_\_, will not, under any circumstances, invite any youth or adult on to the premises when the facility is closed unless I have been granted advanced permission from the Executive Director, Kelly Mitchell. When I access the property outside of operational hours, I understand that I am still governed by all policies, procedures, rules & regulations of Aidaen's Place.

**As a trained peer supporter**, I will not schedule one-on-one peer support training outside of regular hours without the permission of the Executive Director. I fully understand there must be one additional volunteer in the facility when I am assisting a youth one-on-one.

**As an untrained volunteer without my peer support training** I understand that I am not, in any way, allowed to offer one-on-one Peer Support to a youth while working for Aidaen's Place. I am allowed to listen but never under the guise of a qualified Peer Supporter. I will bring any necessary matters to the trained peer supporter on call during my shift and they will advise how to proceed.

I understand that the entire facility is monitored by audio and video surveillance and any allegations of any kind are immediately investigated by management and appropriate action is taken.

I understand that, in the absence of the Executive Director, Michelle Blauvelt is the management personnel I am to report to with any management related issues. All contact information is in the front of our emergency contact box in the volunteer's office. I will be sure to keep my emergency contact information up to date.

Date \_\_\_\_\_

Volunteer \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Management \_\_\_\_\_

Management Signature \_\_\_\_\_



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As the final stages of your interview wind down and you are feeling ready to start shifts along-side our existing staff, there are a few small details left to take care of.

We have created and implemented a series of policies, procedures and mandatory forms for reporting incidents and accidents. A member of management will show you where to find all of these forms and policies so you can familiarize yourself with them prior to joining our team. They can be found at the center in our reference binder or they can be provided to you in paper form upon request.

Please refer to the following list closely. You are expected to read each item below so you are aware of all protocols even though they will be reviewed with you in person.

**Please initial each box once you have reviewed each item as confirmation of your acceptance.**

I. Youth Protection Policy		O. Staff Critical Incident Form
J. Confidentiality & Data Protection		P. Accident Form
K. Secure Handling of Sensitive Info		R. Child Welfare Concern Form
L. Health & Safety Policy		V. Youth Critical Incident Form
M. Complaints & Grievance Policy		W. Participant Event Consent
N. Volunteer Disciplinary Policy		Q. Duty to Report
U. Anti-Bullying Policy		

Do not get overwhelmed by all of these forms. It is a guideline so we know how to address issues before they happen and after they happens. This is not meant to be stressful or worrisome for anyone.

Kelly M. Mitchell

Executive Director / Founder  
aidaensplace@gmail.com



**AIDAEN MAE FUND/ AIDAEN'S PLACE**

**Volunteer Name** \_\_\_\_\_

<b>APPLICATION PROCESS CHECKLIST</b>	<b>Comment</b>	<b>Date</b>	<b>Mgmt. Satisfied (initials)</b>	<b>Volunteer Satisfied (initials)</b>
First Introductory Meeting Completed				
Application Form Received				
1st reference Received				
2nd reference Received				
RCMP CRC Received				
Vulnerable Sector Check Received				
Child Abuse Registry Received				
Emergency Contact Form Received				
Peer Support Agreement Completed & Returned				
Code of Conduct/Child Protection Policy Signed & Returned				
Formal Offer to Volunteer				
Training Complete (attached)				
Completed Post-Training Interview				
Policies & Procedures Checklist Completed & Returned				
Has Received / Accepted / Signed Their Job Description				
Has Been Granted Access to Facebook Operations / Scheduling Chats				
Security Code Agreement (when applicable)				
One Month Assessment				
Three Month Assessment				

**Volunteer Name** \_\_\_\_\_

<b>ON-BOARDING &amp; TRAINING CHECKLIST</b>	<b>Comment</b>	<b>Date</b>	<b>Mgmt. Satisfied (initials)</b>	<b>Volunteer Satisfied (initials)</b>
Understands We Have Video & Audio Recording on Entire Premises				
Received Full Tour of House/Yard/Garage				
Understands Doors, Gates, Padlocks, Access Points, Key Rings				
Understands Sharps & Art Closet				
Understands Emergency Roles & Sign-up				
Has Been Shown Both Muster Points				
Understands How to Sign Youth In-Out				
Understands Roles of Volunteers, Junior Volunteers, Ambassadors				
Has been Introduced to Management & Each of Their Areas of Expertise				
Understands the Difference Between Peer Support & Therapy/Counselling				
Trained in Daily Cleaning Routines and is Able to Lead Youth During Clean-Up Time				
Understands Proper Garbage Sorting & Shown Where it Goes in the Garage/Bin				
Has Been Shown Daily Forms (Comm. Log, Sign-in, Program Sheets, PLB Sheets, White Board for Supplies)				
Understands the Attic and it's Purposes				
Understands the Fence Uses / Filling				
Has Been Explained the Different Areas / Uses of The Basement				
Has Been Shown the Emergency Contact Box & Knows How to Reach Management in the Event of an Emergency				
Has Been Explained Each Program We Offer and What it Does				
Has Been Shown the Mom Book				

