



## Our Mission

The **Cerebral Palsy Association in Alberta (CPAA)** is dedicated to supporting and enriching the lives of those affected by cerebral palsy and other disabilities. The CPAA offers skills training, employment services and advocacy, plus recreation and leisure programs for people with disabilities. We also provide information on research, treatment and resources relating to cerebral palsy. Ultimately, it is our goal to help **create a life without limits** for those affected by CP and other disabilities.

## History, Goals and Accomplishments

In 1976, a highly committed group of parents of children affected by cerebral palsy founded the “Cerebral Palsy Association in Alberta” (CPAA). Over the years, the organization has grown from servicing a dozen members to over 1700 province-wide.

The original goal was to build community enrichment programs, provide living skills, detail government policy and work with employment and transportation issues. Since then, we have met and expanded those needs to include providing professional counseling, employment and training, computer training with special needs equipment and assistive technology, recreation and leisure programs, community educational services, information, referral and advocacy.

In 2005, the CPAA became the first Canadian affiliate of United Cerebral Palsy, a national organization and one of the largest health charities in America. Our partnership with UCP allows us to work together to help further advance the independence, productivity and full citizenship of people with disabilities through this affiliate network.

With cerebral palsy affecting 1 in 400 children born each year in Alberta, the need to reach people affected by cerebral palsy and provides a greater variety of programs and services becomes increasingly important.

Today, with offices in both Edmonton and Calgary, our commitment to our mission and vision for the future as only strengthened as, together with our community, we work towards **creating a life without limits** for individuals affected by cerebral palsy and other disabilities.





## Volunteer Application Form

Volunteer Role being applied for (If known): \_\_\_\_\_

### Contact details

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

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

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Personal profile

Please tell us as much as you can. This will help us find you the right volunteer role.

### What has attracted you to the idea of volunteering with the CPAA?

(Tick as many boxes below as you want)

- |  |   |
|--|---|
| <input type="checkbox"/> Personal and professional development | <input type="checkbox"/> Helping people       |
| <input type="checkbox"/> Employee volunteering                 | <input type="checkbox"/> Social opportunities |
| <input type="checkbox"/> Other – please specify _____          |   |





**Do you have any skills/experience that you would particularly like to use at CPAA?**

Please list any skills, education, hobbies, or training you have (i.e. first aid, swimming, art):

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**Are there any skills/interests that you would particularly like to develop at CPAA?**

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**Please detail your previous volunteer experience:**

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Feel free to attach your resume or any other supporting documents to this application.

**Emergency Contact Information**

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ (other) \_\_\_\_\_

**Do you have any experience of working with people with cerebral palsy?**

(Tick one or more boxes below as appropriate.)

Family     Personal     Colleague     Friend

Other – please specify \_\_\_\_\_

**Availability**

Any amount of time you give is valuable to us, be it an hour every now and then or a regular commitment – we would welcome the opportunity to discuss and tailor your volunteering in person. I can offer my time:

during special events

every week

every month

negotiable







**Please give details of two references.**

Please note – references can be employers or college tutors (for example) but should not be a relative. You need to have known them for over 12 months.

1. Name: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2.

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

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you have any criminal record you need to Disclose?  
We will contact you if further information is required.

Yes  No

Do you require a work permit? Please note - individuals need a  
work permit visa or a student visa to volunteer and cannot do any  
type of work, including voluntary work, on a visiting visa.

Yes  No





**For monitoring purposes, please complete the attached Equal Opportunities form and return it to us.**

I agree that CPAA may hold and use my personal information for volunteering reasons and to keep in touch with me. This information, including that contained in this application, can be stored on both manual and computer files.

I hereby certify that all information included in this application form is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal as a volunteer if the falsehood is discovered later.

I hereby authorize the Cerebral Palsy Association in Alberta to conduct a criminal record check and to solicit references from the above named referees in connection with my ability to be a volunteer with the Cerebral Palsy Association in Alberta, and release them from any liability in regard to same.

I hereby absolutely release, discharge and absolve the Cerebral Palsy Association in Alberta and its employees from all claims, losses or damages, including indirect or consequential, occasioned by me during, or as a result of, my work as a volunteer for the Cerebral Palsy Association in Alberta.

I understand that some of the tasks involved in my role with CPAA may be of a sensitive nature and I agree to maintain confidentiality at all times.

All CPAA Volunteers will be trained and supported by us. Communication support for your volunteer role will be provided when needed. We will make sure that we meet your volunteering needs and CPAA policies and procedures protect you.  
A police criminal record check will follow if necessary.  
We are sure that you will find your time with CPAA satisfying and rewarding.

The CPAA takes very seriously its responsibilities for the safety and welfare of its programs & services users, its volunteers and the organisation as a whole.

Please tick the box if you would like to be kept up to date with CPAA information.

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

Signature of legal guardian or parent if volunteer is under 18 years of age

Please return to: Kimberly Mayer- Volunteer Coordinator

Fax: 780.471.0855

Ph: 780-477-8030

Mail: Cerebral Palsy Association in Alberta, 17231 105 Avenue, Edmonton, AB T5S 1H2





## Equal Opportunities Policy in Recruitment and Selection

Our volunteer recruitment processes are carried out in a way that ensures that individuals are selected purely on the basis of their ability to do the role for which they have applied. No volunteer will receive less favourable treatment on the grounds of sex, marital status, disability, race, ethnic origin, nationality, age, sexual orientation, religious belief or political opinion or be disadvantaged by conditions or requirements which are not justified or relevant to the role. The sole criterion for selection is the suitability of the applicant for the role.

We are committed to ensuring that every applicant applying for a volunteer role within CPAA is treated fairly.

### Monitoring

We will treat the following information with confidentiality and we would appreciate your co-operation in helping us monitor the effectiveness of our Equal Opportunities Policy. Your application will not be affected by the information provided and will be separated from your application form on receipt.

Role applied for \_\_\_\_\_

Date \_\_\_\_\_

Where did you hear about the vacancy?

- CPAA website
- Word of mouth
- Other – please state \_\_\_\_\_

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• Male/Female

• Age Group

- |          |                          |         |                          |
|----------|--------------------------|---------|--------------------------|
| Under 25 | <input type="checkbox"/> | 56 – 65 | <input type="checkbox"/> |
| 26 – 35  | <input type="checkbox"/> | 66 +    | <input type="checkbox"/> |
| 36 – 45  | <input type="checkbox"/> |         |                          |
| 46 – 55  | <input type="checkbox"/> |         |                          |





## Cerebral Palsy Association in Alberta Volunteer Agreement

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you with both our appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

### 1. Cerebral Palsy Association in Alberta

We commit to the following:

- A. To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of their position.
- B. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
- C. To respect skills, dignity and individual needs of the volunteer and to do our best to adjust to these individual requirements.
- D. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
- E. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.
- F. To give appropriate notice of end of services of this agreement.

### 2. Volunteer

I, \_\_\_\_\_, agree to serve as a volunteer and commit to the following:

- A. To perform my volunteer duties to the best of my ability.
- B. To adhere to agency rules and procedure, including record-keeping requirements and confidentiality of association and participant information.
- C. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.
- D. To provide at least two weeks notice of termination of the agreement.
- E. To complete and successfully clear the screening process.

#### Agreed to:

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Staff Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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





## Confidentiality Policy

It is important that all employees/volunteers understand that Cerebral Palsy Association in Alberta's policy on *confidentiality*.

Confidentiality is essential to the integrity of the Cerebral Palsy Association in Alberta, as it is to any organization or business. Information about, but not limited to, members, policies, programs, finance, fundraising, and local associations is to be disclosed on a need to know basis and then only to employees and members of the Board of Directors. The part of the organization in which you are working must approve all information before it is released (please refer to *Communications Policy*). This includes, but is not limited to, information received via Cerebral Palsy Association in Alberta documents, e-mail, fax, mail and word of mouth.

I \_\_\_\_\_ have read and understand the  
(please print name)

Cerebral Palsy Association in Alberta's *Confidentiality Policy*.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Volunteer's Signature





## Communications Policy

It is important that all employees/volunteers understand the Cerebral Palsy Association in Alberta's *Communications Policy*. All written materials and information sent out from any CPAA office must be pre-approved by the communications department. This includes, but is not limited to, letters, proposals, information packages (that do not have prior approval), fundraising documentation and information, etc. This policy ensures that only complete and accurate information is sent out from all offices. It also ensures that we have a unified voice and that our message(s) remains consistent. Please ensure that your draft copies are complete and spell-checked.

I \_\_\_\_\_ have read and understand the Cerebral  
(please print name)

Palsy Association in Alberta's *Communications Policy*.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Volunteer's Signature







## VOLUNTEER WAIVER

In signing below, I (we), \_\_\_\_\_, a volunteer for the Cerebral Palsy Association in Alberta acknowledge that I (we) understand the intent thereof and I (we) agree and absolve and hold harmless the Cerebral Palsy Association in Alberta (CPAA), against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in volunteering with the Cerebral Palsy Association in Alberta.

I (we) hereby consent to and permit emergency treatment in the event of injury or illness.

I (we) also give full permission for use of my name and or photo in connection with CPAA events, future publications and promotions of CPAA and any related initiatives and events.

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

*(Signature of parent or guardian if under 18 years of age)*

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

**Event:** \_\_\_\_\_

