

Section 6.1
POLICY MANUAL and CODE OF ETHICS
ACKNOWLEDGEMENT & AGREEMENT

I, _____ HEREBY ACKNOWLEDGE that I have read and understand the sections of the Policy and Procedure Manual relevant to me, as presented to me
AND
I AGREE to abide by the said policies.

I also agree to abide by the Code of Ethics as presented in this Policy Manual.

Signature of Employee/Volunteer

Date

Witness

Date

TO BE RETAINED IN THE EMPLOYEE/VOLUNTEER FILE

Section 6.2
CONFIDENTIALITY AGREEMENT FORM

The affairs of the Lethbridge HIV Connection and its clients are private matters of which staff, volunteers or board members might acquire intimate knowledge in the course of their service. Information so obtained must be held inviolate and not revealed to third parties even by inference. Discussion of affairs in public places must be avoided. In addition, information relating to the internal practices and procedures of the agency itself are considered confidential.

I, _____ HEREBY AGREE that I will execute according to law and to the best of my ability the duties required of me as an employee, volunteer or board member, and that I will not, without due authorization, disclose or make known any matter or thing which comes to my knowledge by reason of my employment or volunteer service with the Lethbridge HIV Connection Society.

Signature of Employee/Volunteer

Date

Witness

Date

TO BE RETAINED IN THE EMPLOYEE/VOLUNTEER FILE

Section 6.3
REQUEST FOR FUNDS
 For all km Travel expenses, please use Kilometer Expense Form

Date: _____ Requested by: _____

Payable to: _____

Per Diem Request – Date(s) of expenses:						Amount
From _____ to _____						
In Attendance of: _____						
Number of Breakfasts:	_____ x \$11.00					\$
Number of Lunches:	_____ x \$14.00					\$
Number of Dinners:	_____ x \$20.00					\$
Number of Per Diems:	_____ x \$ 5.00					\$
Other: (Please specify and do not include travel km. on this form – attach kilometer expense form)						\$
						\$
						\$
						\$
Receipt Follows						
Item	Receipt:	Yes	No	Follows		
		<input type="checkbox"/>	<input type="checkbox"/>		\$	
		<input type="checkbox"/>	<input type="checkbox"/>		\$	
		<input type="checkbox"/>	<input type="checkbox"/>		\$	
		<input type="checkbox"/>	<input type="checkbox"/>		\$	
		<input type="checkbox"/>	<input type="checkbox"/>		\$	
Total					\$	

Office Use Only

Budget & Headings funds are to be taken from: _____

Cheque Number: _____ Cheque Date: _____ Completed by: _____

Authorized by (Signing Authority): _____

Section 6.4
REQUEST FOR LEAVE FORM

DATE OF REQUEST: _____

EMPLOYEE: _____

PERIOD REQUESTED: (Indicate dates and/or hours)

REASON: (check one)

- Vacation
- Time off in Lieu
- Leave without pay
- Medical leave
- Other

APPROVAL: Yes _____ No _____

If no, reason for denying request:

Date: _____

Signature:

Executive Director

Section 6.5
AGREEMENT TO BANK OVERTIME for
TIME OFF IN LIEU (TOIL)

I, _____, hereby agree that overtime worked be banked to be taken at a mutually agreeable time with the following stipulations:

- the time off must be taken during normal working hours;
- the time off shall at least equal the overtime hours worked;
- I will be paid at regular pay rates for the time off in place of overtime pay;
- the time off in place of overtime shall be provided within (3) months of the end of the pay period in which the overtime was earned;
- the agreement may not be amended or terminated unless at least two (2) weeks of written notice have been given.

Employee

Date

Executive Director / or Vice President

Date

TO BE RETAINED IN THE EMPLOYEE/VOLUNTEER FILE

Section 6.6 TRAINING REQUEST FORM

PARTICIPANT INFORMATION

NAME:	DATE:
POSITION:	

COURSE INFORMATION

Please attach brochure or course description

Course Name	Course Fee:
Agency/Institution:	
Location	
Date(s)	
Other Expenses:	

Approved: Yes ___ No ___

If no, please specify reason: _____

If yes, please specify source of funding for the course: _____

Date: _____

Signature: _____

Section 6.7 VOLUNTEER APPLICATION

Your reasons for wanting to volunteer at the Lethbridge HIV Connection are important to us. In addition to meeting the needs of our agency, we want you to have a rewarding volunteer experience. Please take some time to complete this form, answering each item as fully as possible and return it to us. Use additional paper if necessary. All information is strictly confidential

Date: _____, 20 ____

Name: _____

Address: _____ City: _____

Postal Code: _____ Email address: _____

Phone: (Home) _____ (Business): _____ (Cell): _____

Emergency contact name & number: _____

Relationship to you: _____

Are there any restrictions on contacting you? _____

Best time to call: _____

Language(s) Spoken: _____

What generated you interest to volunteer with the Lethbridge HIV Connection?

Are you presently: A Student? Employed? Unemployed?

Education / Experience/Training:

Employed by / School Attending: _____

Past Work / Volunteer Experience:

Name of Employer / Organization	Dates of Term (from – to)	Duties / Volunteer Activity

What are some things you like to do in your leisure time?

Interests and Skills: Please indicate if you have experience in the following areas, where you have utilized your skill or if you wish to learn the skill.

Skill	Have Experience In:	Where/How Skill Used	Wish to Learn
Computer (Please list software)			
Library: Cataloguing, Organizing, Sorting			
General Office			
Newsletter: paraphrasing, writing			
Public Speaking			
Committee / Board			
Special Events: Posters, Displays			
Fund Raising			
Domestic			
Other			

Availability: How many hours per week do you wish to commit to volunteer work? _____

Time Preferred: Mornings Afternoons Evenings

What time commitment are you willing to make?

3 months 6 months 1 year Other

Have you ever been convicted of an offence for which you have not been pardoned? If so, please state:

Please provide 2 references (not family members):

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

Please add any other comments you would like to make:

Signature: _____

Date: _____

Section 6.8
APPLICATION FOR MEMBERSHIP TO THE BOARD OF DIRECTORS

Name: _____

Address: _____ City/Prov: _____

Postal Code: _____ Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Are there any restrictions on contacting you? _____

How did you hear of the opportunity to join the Lethbridge HIV Connection Board of Directors?

If you have served on other boards, please tell us where, for how long and how you contributed:

Agency 1: _____ Term: _____

Participation Included: _____

Agency 2: _____ Term: _____

Participation Included: _____

Agency 3: _____ Term: _____

Participation Included: _____

Existing skills applicable to Board of Directors:

Please indicate which volunteer opportunity you would be interested in:

Finance Committee Personnel Committee Education Committee

Fund-raising Cttee. Nominating Cttee. Client Services Cttee.

Please tell us why you have chosen this area of volunteering:

Please add any comments you would like to make: _____

Signature: _____ Date: _____

Section 6.9 EMPLOYEE TIME SHEET

Name: _____ **Pay Period:** _____

Date	Hrs Worked	Hrs Sick	Hrs Vacation	Leave with pay - other	Date	Hrs Worked	Hrs Sick	Hrs Vacation	Leave with pay - other
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				
					31				
Total					Total				

Leave with pay – other: please specify: _____

Employee Signature: _____ Date: _____

Authorized by: _____

Signature: _____ Date: _____

Cheque number: _____

**Section 6.10
 MILEAGE ONLY EXPENSE FORM**

Payable To: _____ Date: _____

Period Claimed For: _____

Date	Purpose	Program	Km.
Total Km.			

Total Km. _____ x \$.45 = _____

Authorized by: _____ Date: _____

Office Use Only

Budget & Heading: _____

Cheque #: _____ Cheque Date: _____ Completed By: _____

Section 6.11

INFORMATION FOR APPLICANTS ABOUT CRIMINAL RECORD CHECKS / PERSONAL INFORMATION DISCLOSURE

Criminal record checks / personal information disclosure are a required part of the employment process for all new employees and the appointment to the Executive of the Board. They must be repeated every three years for current employees of the Society.

Applicants will be required to provide the agency with a criminal record check that is dated no more than three months prior to the hiring date, or will instead agree to apply for the a security check through the external company (such as Hire Standard) contracted by the Lethbridge HIV Connection.

Applicants will be responsible for the initial payment of fees, but may ask the Society for reimbursement three month later, provided that they are still employed by the Society, or appointed in a position on the Executive.

The agency will pay for the cost of criminal record checks of volunteer applicants for a position on the Executive, short-term employees with contracts of three months or less, practicum students and current employees of the organization.

Applicants will be required to submit the Criminal record checks / personal information disclosure information to the Society as early as possible after being offered a position / appointment, but no later than one month after the offer.

A copy of the police clearance check / criminal record will be kept in the applicant's personnel file.

Any information obtained during the Criminal record checks / personal information disclosure will be held in the strictest confidence. Additionally, information obtained will not necessarily exclude you from placement or appointment.

Applicants will be given the opportunity to discuss any information obtained through the check and the final decision to approve or deny your placement r appointment will be made after careful consideration of all factors.

Police clearance checks will be repeated every three years for current employees of the organization.