



REQUEST FOR COMMUNITY VOLUNTEER SUPPLEMENT (CVS)

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

CLIENT'S SURNAME	FIRST NAME	INITIAL	CASE #	DATE OF BIRTH (YYYY MMM DD)
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The ministry may provide a community volunteer supplement of up to \$100 for each calendar month for clothing, transportation or other expenses that are needed by the eligible person to participate in a community volunteer program.

DESCRIPTION OF VOLUNTEER PARTICIPATION

Name of the agency you will volunteer with: _____

Describe your participation with this volunteer agency. (What will you be doing?)

How often will you volunteer?

When will you start to volunteer with this agency? (YYYY MMM DD)

NOTICE: You must notify the ministry immediately if you cease to volunteer with the agency named above.

CONFIRMATION AND NOTIFICATION

I confirm that the information I have provided about my volunteer participation is true and correct. I understand that I am to notify the ministry immediately if I cease to volunteer with the volunteer agency named in this form. I also understand that the ministry may verify and obtain information from the volunteer agency I have named in order to confirm my eligibility and continued eligibility for this supplement.

CLIENT SIGNATURE _____ WORKER SIGNATURE _____ OFFICE CODE _____ TELEPHONE _____

I understand that the ministry will verify that the client named above who is under 19 years of age is volunteering with this agency to ensure that eligibility requirements are met.

PARENT / GUARDIAN SIGNATURE _____ WORKER SIGNATURE _____ OFFICE CODE _____ TELEPHONE _____

CONFIRMATION OF PARTICIPATION BY VOLUNTEER AGENCY

I confirm that _____ is participating as a volunteer with:

NAME OF AGENCY _____

Confirmation of the client's participation with the agency named above.

AGENCY NAME		MINISTRY CONTACT (IF KNOWN)	TELEPHONE
ADDRESS		MINISTRY OFFICE ADDRESS (STREET ADDRESS)	
CITY	POSTAL CODE	TELEPHONE	
SIGNING OFFICER OF THE AGENCY	DATE (YYYY MMM DD)	MINISTRY WORKER SIGNATURE	DATE (YYYY MMM DD)



COMMUNITY VOLUNTEER SUPPLEMENT (CVS) ELIGIBILITY REVIEW

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PERIOD OF ELIGIBILITY BEING REVIEWED (YYYY MMM DD):

FROM: _____ TO: _____

CLIENT'S SURNAME	FIRST NAME	INITIAL	CASE #	DATE OF BIRTH (YYYY MMM DD)

NAME OF VOLUNTEER AGENCY: _____

HOW OFTEN DID THIS PERSON VOLUNTEER WITH THE AGENCY EACH MONTH?:

BRIEFLY DESCRIBE THE ACTIVITIES THE VOLUNTEER PARTICIPATED IN.:

IS THIS PERSON STILL VOLUNTEERING WITH THE AGENCY? YES NO

IF NO, ON WHAT DATE DID THE PERSON CEASE TO VOLUNTEER WITH THE AGENCY? _____

IF YES, PROVIDE DATES OF PARTICIPATION BELOW (YYYY MMM DD):

CONFIRMATION OF PARTICIPATION BY VOLUNTEER AGENCY				
I, _____ am an employee of _____				
NAME OF AGENCY _____ and confirm that the information provided is correct.				
AGENCY NAME		MINISTRY CONTACT (IF KNOWN)		TELEPHONE
ADDRESS		MINISTRY OFFICE ADDRESS (STREET ADDRESS)		
CITY	POSTAL CODE	TELEPHONE		
SIGNING OFFICER OF THE AGENCY		DATE (YYYY MMM DD)	MINISTRY WORKER SIGNATURE	
			DATE (YYYY MMM DD)	

Please send the completed form back to the ministry office at the address indicated above.