

Survivors of Abuse Recovering (S.O.A.R.) Society



*A Community-Based Peer Support Service for
Adult Survivors of Childhood Sexual Abuse in Nova Scotia*

Mail: P.O. Box 105, Kentville, NS, B4N 3B9
Phone: 902-679-7337 or 877-679-SOAR (7627)
Email: info@survivorsofabuserecovering.ca
Web: <https://survivorsofabuserecovering.ca>

S.O.A.R. Membership Application

Name: _____

Address: _____

Town: _____ PostCode: _____

Phone: _____ Email: _____

Date of Application: _____

- OK to leave messages on your voicemail?
- Add me to the S.O.A.R. members contact list (circulated only to members).
- Add me to the S.O.A.R. members email list (to get notifications of events, etc.)
- I enclose \$10 for annual membership fee or have sent an e-transfer (required).
- I have signed and enclosed the S.O.A.R. Confidentiality Agreement (for new members).
- I also enclose an extra \$ _____ as a tax-deductible donation to S.O.A.R.
- If this is an annual membership renewal, just fill in this one page. If your Criminal Records Check / Vulnerable Sector Check is more than five (5) years old, you need to submit a new one. (See CRC/VPC Letter.)
- If this is a new application, please also respond to the questions on page 2. You will be contacted by our Membership Committee. Please obtain a new Criminal Records Check / Vulnerable Sector Check and submit the Confidentiality Agreement. (See forms below.)
Note that a VSC check cannot be used for more than one organization.

(Amounts donated of \$10 or more in addition to the membership fee will receive a tax receipt.)

Canadian Registered Charity: # 876605726RR0001

Make cheques payable to *Survivors of Abuse Recovering Society*. E-transfers can be sent to treasurer@survivorsofabuserecovering.ca Please send us this form, your dues payment, the signed Confidentiality Agreement and a copy of your Criminal Records Check and Vulnerable Sector Check (if applicable).

S.O.A.R. Membership Application – Page 2

Questions for New Applicants

1. How and where did you find out about S.O.A.R.?
(e.g. Brochure / Google / Library / Friend / Facebook / Website / Referred by..., etc.)

2. What experience or knowledge do you have of issues of childhood sexual abuse?

3. What skills or resources can you bring to S.O.A.R.?

4. How do you see yourself contributing? (Check all that apply)
 - a. Educational Programming
 - b. Peer Supporter (must be a survivor and take the training)
 - c. Public Relations
 - d. Fund Raising / Grant Writing
 - e. Board Member
 - f. Other. Please specify: _____

5. What experience do you have volunteering with other organizations?

6. Are there people or organizations that you would like to use as references?

Thank you for your int

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CRIMINAL RECORDS CHECK – VOLUNTEER SCREENING (2023)

To whom it may concern,

S.O.A.R. is a charitable non-profit whose mandate is to support adult survivors of childhood sexual abuse. Please be advised that _____ needs a Criminal Records Check and Vulnerable Sector Check in order to be eligible to provide volunteer services to S.O.A.R., which include one-on-one peer support sessions with survivors. Volunteers are not paid for their services.

Please use this letter as a reference for this volunteer looking to have a criminal record check done at your local detachment.

Notes to applicants:

Criminal records and vulnerable sector checks can be done only by the police detachment that serves the area that the person applying resides. The individual requiring the check must apply in person

Forms **DO NOT** have to be signed by anyone from S.O.A.R. They must simply have the info on the agency requesting the search, contact name, number, reason for search, **and vulnerable sector section must be completed.** If you already have a copy of the application form, do not sign it until you get to the detachment. They must see you sign it. Here is information you will need:

- Agency / business requesting search – **Survivors of Abuse Recovering (S.O.A.R.) Society**
- Contact Name – **Cathy Vey, Chair of the Board** or **Bruce Dienes, Chair of the Membership Committee**
- Emails: chair@survivorsofabuserecovering.ca membership@survivorsofabuserecovering.ca
- Telephone – **902-681-1540 (C. Vey)** or **902-670-5606 (B. Dienes)**
- Reason for Criminal Record Search - **Volunteer with S.O.A.R. providing peer support sessions to survivors.**
- Details regarding children or vulnerable persons: **Sessions are with adult survivors of childhood sexual abuse.**

IMPORTANT – You must request that a “vulnerable sector check” be completed, especially on the RCMP forms. On these forms, sections 1 and 3 on the “Type of Record Check Required” **MUST** be filled out. (If it is not, the form will be void and you will have to get another CRC/VSC.)

The Criminal Record Check letter of search results is sent only to the person named in the search. It cannot be sent to S.O.A.R. directly. It is the responsibility of the person to deliver or mail their document to S.O.A.R.

Please bring the following to your local RCMP detachment or local town Police.

1. Two (2) pieces of Government issued ID. At least one must be photo ID.
2. This Letter
3. Some detachments require a Birth Certificate, so please check with your local detachment.

Note: If you need more than one check (for different organizations) you may be asked for fingerprints. These will NOT be placed in a searchable database.

Fees: There is no federal processing fee for Canadian volunteer position applications. But there may be a local processing fee. Check with your local detachment or local town police.



CONFIDENTIALITY AGREEMENT

Throughout this document the word "**Affiliate**" refers to any person associated with S.O.A.R. either as a member, volunteer, student, or a service provider, whether paid or unpaid.

I, _____, pledge to keep confidential all confidential information obtained during the performance of my duties as an affiliate for or at Survivors of Abuse Recovering (S.O.A.R.), except as authorized by the Board or required by law. I understand that confidential information includes, but is not limited to, information relating to:

- 1) Donors (such as gifts, proposals, receipts, conversations, registration information, financial history, etc.);
- 2) Other S.O.A.R. affiliates, peers being supported and other associates, such as work records, disciplinary action, contact information, personal history, etc.;
- 3) S.O.A.R. business information such as plans, strategies, reports, papers, internal communications, developmental or experimental work, contracts, memos, etc.

I agree that I will comply with S.O.A.R.'s policies on privacy, confidentiality and security of confidential information. If I require help in retrieving or understanding these policies, I will seek help from the Chair or other member of the Board of Directors.

I also understand and agree that:

1. I will collect, access, use and disclose confidential information on a "need to know basis" only, and only the minimum amount required, as required for my role or as required by law. I will not communicate confidential information either within or outside S.O.A.R., except to persons authorized to receive such information.
2. I will not access the confidential information of family, friends, co-workers or any other individual, unless they are under my direct care or I need to as part of my official duties at S.O.A.R.
3. I will not share my passwords to electronic information systems with anyone and I am responsible for protecting them. I am responsible for all actions performed when the electronic information system has been opened using my password.
4. I will access, process and transmit confidential information in the manner described in the S.O.A.R. document management policy.



5. I shall not remove confidential information from S.O.A.R. premises except as authorized. In transit, I shall securely store the information and ensure it is in my custody and control at all times.
6. I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with S.O.A.R. policies and procedures;
7. I shall immediately report all incidents involving loss, theft, or unauthorized access to confidential information to the Chair of the Board of Directors.
8. I understand that S.O.A.R. may conduct regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification or disposal.
9. I understand any breach of confidentiality on my part will have consequences. These may include: retraining, loss of access to systems, loss of privileges, suspension, reporting my conduct to a professional regulatory body or sponsoring agency, or dismissal from employment.
10. I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to be employed by or have an association with S.O.A.R.
11. I acknowledge that I must not use confidential information obtained in the course of my duties with S.O.A.R. for the purpose of furthering my private interest or as a means of making personal gain.
12. I have read and agree to abide by the S.O.A.R. Document Management Policy.

Name of Affiliate (PLEASE PRINT)

Phone Number **and** email address of Affiliate

Date

Signature of Affiliate