

**SECTION 6**  
**APPENDIX**

**Section 6.1**  
**POLICY MANUAL and CODE OF ETHICS**  
**ACKNOWLEDGEMENT AND 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 ON 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 ON THE EMPLOYEE/VOLUNTEER FILE**

**Section 6.3  
REQUEST FOR FUND**

**For all km Travel expenses, please use Kilometer Expense Form**

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Payable to: \_\_\_\_\_

<b>Per Diem Request - Date(s) of expenses:</b> from _____ to _____		<b>Amount</b>
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)		\$
		\$
		\$
		\$

**Other Requests**

Item	Receipt:	Yes	No	Follows	
					\$
					\$
					\$
					\$
					\$
<b>Total</b>					\$

**Office Use Only**

**Budget & Headings(s) 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

## 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: \_\_\_\_\_ E-Mail 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: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (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 6.11**

### **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.

## **SECTION 6.12 BUILDING USE GUIDELINES**

- 1) All requests to use the facilities must be prearranged through the Executive Director. LHC reserves the right to deny requests to use the building.
- 2) One designated member of the HIV Connection Board of Directors, who is also a member of the group using the building, is responsible for opening and closing the building. That same member is required to remain in the building throughout the duration of the event being held in the facilities. In the event that this individual cannot attend a function, they are responsible to find an alternate Board member to replace them or reschedule the event on a day that they can be in attendance.
- 3) Only the designated Board member will have a key and a security code to access the building.
- 4) In the event that difficulties arise, either the Executive Director or the Resource Coordinator is to be contacted.
- 5) Responsibilities of the group using the facilities:
  - Open the door and deactivate the alarm – key and code to be issued by the Resource Coordinator.
  - Prior to leaving, ensure the following:
    - All windows are closed
    - Lights and fans are turned off
    - Kitchen is clean and tidy: counters washed, all food is put away and any garbage is disposed of accordingly
    - Thermostat is reset (in winter) if it has been used
    - Basement door is locked
    - Front and back doors are locked and security alarm is set
- 6) Rooms allowed for use:
  - Board room
  - Kitchen
  - Bathroom
  - Basement storage area - GALA
- 7) All other rooms are out of bounds with the possible exception being the Copier Room, but this can only be used with permission, and operating instructions, from the Resource Coordinator.