

## Summer 2020 Smart Hub Volunteer Posting

Volunteering commitment is based on weekly sign-up: August 17th-21st or August 24th-28th, for Monday to Friday at 12:00PM-4:00PM daily. We ask volunteers to sign up for an entire week if possible.

All **NEW** volunteers need to attend an interview conducted through Zoom, and **ALL** volunteers (returning and new) are required to join a 2-hour in-person training tentatively on Wednesday, August 12th or Thursday, August 13th, sometime between 11:30AM to 3:30PM at the RCD office.

Please contact Ella Huang at 604-232-2404 or [summercamp@rcdrichmond.org](mailto:summercamp@rcdrichmond.org) if you have additional inquiries not answered here.

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Once you clear our interview stage and become an official volunteer, please download and return appropriate forms to the RCD:

- Volunteer Registration Form & Volunteer Agreement & Volunteer Duty & Confidentiality Agreement (for all volunteers) (listed below)
- Parent Consent Form (under 15 years of age) (listed below)

## Summer 2020 Smart Hub Volunteer Position Description

**POSITION TITLE:** Summer 2020 Smart Hub Volunteer

**LOCATION:** 5300 Number 3 Rd Unit 842, Richmond, BC (Landsdowne)

### **DESCRIPTION OF PROGRAM**

The Summer 2020 Smart Hub Program is a new initiative that will launch in the last two weeks of August. The program runs for 5 days a week, Monday to Friday, with 2 hour sessions each day from 12:00PM-2:00PM and 2:00PM-4:00PM. The aim is to teach youth participants of ages 12-18 years life and employment skills using virtual reality (VR) technology.

### **DUTIES & RESPONSIBILITIES**

Volunteers will assist staff with implementing the Smart Hub Program. They will work with 1 youth participant at a time and follow a curriculum developed by the Project Coordinators. They will provide a fun and safe learning environment to help participants meet their goals. They should be reasonably comfortable being in close contact with the participant to provide hands-on assistance while adhering to the RCD COVID-19 safety plan. They will provide feedback to staff regarding any issues from participants to general program operations.

### **REQUIRED SKILLS/QUALIFICATIONS**

- light technical expertise
- caring and patient attitude, with sensitivity towards participant's learning levels
- conflict resolution skills
- experience working with youth or varying ages
- willing to speak up if problems arise
- ability to follow through with staff's directions to the fullest
- strong interpersonal communication skills
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### **OTHER SKILLS**

- experience working alongside youth with disabilities
- experience with VR technology
- experience in a teaching / mentoring role
- experience with emergency first aid

**BOUNDARIES/LIMITATION:** ALWAYS put self or camper's safety into consideration, respect privacy and personal space, keep personal and camp information confidential.

**TRAINING/ORIENTATION:** Interviews (for new volunteers only), volunteer and sensitivity training, non-violence crisis intervention training are required. A 2-hour orientation session will tentatively take place on Aug. 12th or 13th, between 11:30AM to 3:30PM.

**HOW TO APPLY:** Please send your resume and completed Volunteer Registration Form to [summercamp@rcdrichmond.org](mailto:summercamp@rcdrichmond.org) by Wednesday, August 5th, 2020 at 11:59PM PST.



**RICHMOND CENTRE FOR DISABILITY**

**Summer 2020 Smart Hub Program**

*(August 17th - 28th, 2020)*

**Volunteer Registration Form**

The Richmond Centre for Disability recruits volunteers for the provision of services and activities to people with disabilities to achieve higher level of independent living.

Volunteer's Name:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell:

\_\_\_\_\_

Email:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of Aug. 17, 2020): \_\_\_\_\_ M  / F  / Other:

Student  School (as of Sept. 2020): \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Employed  Occupation: \_\_\_\_\_ Not Employed  Other

Related Experience: Experience working with persons with disabilities:  Yes /  No

Experience working with children:  Yes /  No

Experience working with virtual reality technology:  Yes /  No

Skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Time for Zoom Interview on Tuesday, Aug 11th:

Please specify a 30-min time slot between 12-4pm: 1) \_\_\_\_\_

2) \_\_\_\_\_

RCD volunteers do not charge for their efforts. We encourage you to review the policies and procedure of the Centre regarding your volunteer initiatives. If there is a problem, please do not hesitate to contact the RCD.

I certify the above information to be true and correct.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

(If you are under the age of 15, you need to have a Parental Consent Form filled out)

For Office Use Only:

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Accepted

Rejected

Notes: \_\_\_\_\_



**RICHMOND CENTRE FOR DISABILITY**

**Summer 2020 Smart Hub Program**

*(August 17th - 28th, 2020)*

**Volunteer Agreement**

Volunteer's Name: \_\_\_\_\_

I am hereby accepting the volunteer position at the Richmond Centre for Disability's Summer 2020 Smart Hub Program, and I am committing my time and effort to provide services to the participants at the summer camp:

Volunteering Schedule: **12pm - 4pm, Monday to Friday**

**Week 1:** August 17th - August 21st, 2020

**Week 2:** August 24th - August 28th, 2020

Special request: \_\_\_\_\_

Supervisors: Smart Hub Coordinators

I assure that I will abide by the policies and regulations of the RCD and show reasonable responsibility towards the tasks assigned to me. I agree, understand and sign to the job description, the liability and risk involved, the confidentiality agreement and obtain any relevant documents that entitle me to work as a volunteer in this project.

I agree and sign herewith that RCD is not responsible for any loss, damage, personal injury and death suffered by the participants in the project because of my sole negligence and faults.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_



**RICHMOND CENTRE FOR DISABILITY**

**Summer 2020 Smart Hub Program**

*(August 17th - 28th, 2020)*

**Volunteer Duty & Confidentiality Agreement**

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

I agree, understand and sign to the following details regarding my volunteer contract and confidentiality agreement for my volunteer position with the Richmond Centre for Disability.

1. I agree to adhere to the time schedule that I have promised to commit my time and effort in the capacity of my volunteer position. (Initial: \_\_\_\_\_ )

2. I agree if i am unable to fulfill my duties in any way, I will notify RCD as soon as possible. (Initial: \_\_\_\_\_ )

3. I agree at all times to treat as confidential all information in files, records, computer databases and other sources that I am privy to during the course of my volunteer job with RD. (Initial: \_\_\_\_\_ )

4. I agree at all times to treat as confidential all personal information relating to participants and their families. (Initial: \_\_\_\_\_ )

5. I agree at all times abide by the volunteer standard code of ethics. (Initial: \_\_\_\_\_ )

6. I agree to be bound by the provisions of this agreement and will continue to do so following termination of my volunteer job for any reason. (Initial: \_\_\_\_\_ )

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

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



**RICHMOND CENTRE FOR DISABILITY**

**Summer 2020 Smart Hub Program**

*(August 17th - 28th, 2020)*

**Parental Consent**

**-FOR VOLUNTEERS UNDER 15 YEARS OF AGE ONLY-**

Volunteer's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

I, the parent or guardian of aforementioned volunteer, am hereby giving my consent and accepting full knowledge that my child will be volunteering at the Richmond Centre for Disability's (RCD) Summer 2020 Smart Hub Program, as a program volunteer with a duty to assist with activities and virtual reality programs while facilitating the participation of participants.

I understand that the Summer 2020 Smart Hub Program is specifically designed for children with special needs.

I am aware and willing to support the volunteering schedule signed up by my child.



I assure that my child will abide by the policies and regulations of the RCD and show reasonable responsibility towards the tasks assigned to them.

Signature of Parent or Guardian: \_\_\_\_\_

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