

PRIVACY ACT STATEMENT

Information collected on, and disclosed pursuant to, this document is collected pursuant to the Indian and Northern Affairs Canada (INAC) *Social Development Policy and Procedures Manual, BC Region* for the purpose of determining eligibility for assistance and will be maintained pursuant to the *Privacy Act* and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency.

Please complete in full.
Please print clearly

Administering Authority: _____ Number: _____

SECTION A: APPLICANT INFORMATION – TO BE COMPLETED BY BANDSOCIAL DEVELOPMENT WORKER

Applicant's Last Name	Applicant's First Name	Date of Birth _____ Day Month Year	Telephone Number
Indian Registry Number	Address		Postal Code

SECTION B: AGENCY INFORMATION – TO BE COMPLETED BY AGENCY SUPERVISOR

Name of Agency: _____

Address: _____

Name of Supervisor:	Title:	Telephone Number:
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Details of Proposed Volunteer Activity – include schedule, goals and objectives:

Signature of Supervisor: _____ Date Signed: _____

SECTION C: AUTHORIZATION - TO BE COMPLETED BY BAND SOCIAL DEVELOPMENT WORKER FOR ADMINISTERING AUTHORITY

Maximum Monthly Community Volunteer Supplement (as per policy) \$ _____

Period of Activity From _____ To _____

 Day Month Year Day Month Year

The parties to this contract agree that payment of this Community Volunteer Supplement constitutes compensation for expenses related to attendance at a place of activity and that the Community Volunteer Supplement is not a wage or salary. The Applicant agrees that the accuracy of any information in this document may be checked by comparing it against information held by any federal or provincial departments or agencies or any private agencies.

Signature of Applicant Date Signed _____
Signature of Administering Authority Worker Date Signed