

## **Kingston & Area Association of Administrators of Volunteers**

P.O. Box 1442 Kingston Main Kingston, ON K7L 5C7

#### **ANNUAL MEMBERSHIP FORM**

KAAAV membership is from July 1<sup>st</sup> to June 30<sup>th</sup> of the following year.

| Annual Fee    | es:   |  |  |  |  |
|---------------|---|--|--|--|--|
|               | CE OO for each additional                     | member (max. 2) within the same organization   |  |  |  |
|               | 84  | Education form enclosed Payment & completed invoice enclosed                             |  |  |  |
| Ple           |   | mpleted invoice, Membership and Education forms rmail them to the address above.         |  |  |  |
| Contact Inf   | ormation:                                     |  |  |  |  |
| Date:         | Email:  |  |  |  |  |
| Name:         |   | Position:  |  |  |  |
| Organizatio   | on:   | Years as KAAAV Member?   |  |  |  |
| Address (w    | ork):   |  |  |  |  |
|               |   | ode: Phone (work):   |  |  |  |
| Website:      |   |  |  |  |  |
| Would you     | consider joining a KAAAV co                   | mmittee this year? Yes □ No □  |  |  |  |
| If yes, which | h committee?                                  |  |  |  |  |
| Additional    | Member(s) from same organ                     | ization (maximum of 2 additional members):   |  |  |  |
| Name:         |   | Name:  |  |  |  |
| Position:     |   |  |  |  |  |
| Phone:        |   |  |  |  |  |
|               |   |  |  |  |  |
| Please indic  | cate below:<br>sh to have my organization's o | contact information posted on the KAAAV website  Information posted on the KAAAV website |  |  |  |
|               |   | , give consent for my photo to be used by KAAAV for                                      |  |  |  |



### KINGSTON & AREA ASSOCIATION OF ADMINISTRATORS OF VOLUNTEERS

P.O. Box 1442 Kingston Main Kingston, ON K7L 5C7

#### **INVOICE**

| Date | <b>:</b>        |         |     |              |                  |        |
|------|-----------------|---------|-----|--------------|------------------|--------|
| Orga | anization Name: |         |     |              |                  |        |
| Add  | ress:           |         |     |              |                  |        |
| Atte | ntion:          |         |     |              |                  |        |
|      | Membership Fee  | \$35.00 |     | Additional N | <b>l</b> lembers | \$5.00 |
|      | AGM Lunch       | \$15.00 | # _ | X \$         | = \$             |        |
|      |                 |         |     |              |                  |        |
| тот  | AL INVOICE: \$  |         |     |              |                  |        |

Please fill in the information for your organization and keep a copy of this invoice for your records.



# Area Association of Administrators of Valuescer Area 2017-2018

| Name:  | Position:  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Organization:  |  |  |  |  |  |  |
| Phone (work):  | Email:   |  |  |  |  |  |
| 1. Please identify at least three topics you would like to see presented/discussed during our regular KAAAV monthly meeting:   |  |  |  |  |  |  |
| Volunteer Management Cycle  Recruiting Screening Interviewing Orientation Task Descriptions Risk Management Evaluation & Assessment Discipline Retention of Volunteers Recognition Motivating Volunteers Redeploying Volunteers  | Legal  Accessibility Legislation Criminal Records Checks Legislation Liability Volunteer Audits  Fundraising/Marketing/PR Fundraising Public Speaking Publicity/Marketing Writing Grant Proposals  |  |  |  |  |  |
| Types of Volunteers/Volunteering  Board Volunteers  "Consumer Survivors" as Volunteers  Cross-Cultural Volunteers  Difficult Volunteers  Episodic Volunteering  Faith Community Volunteering  Family Volunteering  Fundraising Volunteers  Health Services Volunteers  Intergenerational Volunteering  Mandatory Volunteering  Prison Volunteers  Seniors as Volunteers  Virtual Volunteering  Volunteers in a Unionized Workplace | Professional Tools  Conducting Meetings Communications Skills Conflict Resolution Creating Forms Customer Service Leadership Mentoring Newsletters (print & electronic) Record Keeping Research Strategies Staff-Volunteer Relations Strategic Planning Stress Reduction Team Building Time Management |  |  |  |  |  |
| Volunteers With Disabilities Workplace/Corporate Volunteering Youth Volunteers   | Other (please specify):  |  |  |  |  |  |

| 2. |                   |           | alth of knowledge at our fingertips. What skills or information would you or<br>be willing to share with the larger group? |
|----|-------------------|-----------|--|
| 3. | Do you know o     | f individ | duals who could be guest speakers/presenters in the future?  |
| 4. |                   |           | accessible meeting space, (i.e., with room for 30 or more people with access<br>tion for a meeting next year?              |
|    | Yes               |           | No 🗆   |
|    | b) If you are not | t able to | offer meeting space, would you be willing to bring refreshments?   |
|    | Yes               |           | No 🗆   |
| 5. | Comments?         |           |  |
|    |                   |           |  |
|    |                   |           |  |
|    |                   |           |  |

Please bring your payment with completed invoice, Membership and Education forms to the AGM or mail them to the following address:

KAAAV P.O. Box 1442 Kingston Main Kingston, ON K7L 5C7