



Kingston & Area Association of Administrators of Volunteers

KAAAV

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

ANNUAL MEMBERSHIP FORM

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

Annual Fees:

_____ \$30.00 Organizational Membership
_____ \$5.00 for each additional member (max. 2) within the same organization
_____ \$30.00 Individual Membership

_____ **New member** _____ **Education form enclosed**
_____ **Membership renewal** _____ **Payment & completed invoice enclosed**

*Please return your payment, completed invoice, Membership and Education forms
to the AGM or mail them to the address above.*

Contact Information:

Date: _____ Email: _____

Name: _____ Position: _____

Organization: _____ Years as KAAAV Member? _____

Address (work): _____

City: _____ Postal Code: _____ Phone (work): _____

Website: _____

Would you consider joining a KAAAV committee this year? Yes No

If yes, which committee? _____

Additional Member(s) from same organization (maximum of 2 additional members):

Name: _____ Name: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Please indicate below:

- I wish to have my organization's contact information posted on the KAAAV website
- I wish to have my work contact information posted on the KAAAV website
- I do not wish to share my contact information

Photo Consent:

I, _____, give consent for my photo to be used by KAAAV for

Signature

promotional and/or publicity purposes.



**KINGSTON & AREA ASSOCIATION OF
ADMINISTRATORS OF VOLUNTEERS**

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

INVOICE

Date: _____

Organization Name: _____

Address: _____

Attention: _____

Membership Fee \$30.00 **Additional Members \$5.00**

AGM Lunch \$15.00 # _____ X \$ _____ = \$ _____

TOTAL INVOICE: \$ _____

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



KAAAV Education Committee Information Form 2016-2017

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

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
- Volunteers With Disabilities
- Workplace/Corporate Volunteering
- Youth Volunteers

Legal

- Accessibility Legislation
- Criminal Records Checks
- Legislation
- Liability
- Volunteer Audits

Fundraising/Marketing/PR

- Fundraising
- Public Speaking
- Publicity/Marketing
- Writing Grant Proposals

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

Other (please specify): _____

2. We know there is a wealth of knowledge at our fingertips. What skills or information would you or a co-worker/associate be willing to share with the larger group?

3. Do you know of individuals who could be guest speakers/presenters in the future?

4. a) Are you able to offer accessible meeting space, (i.e., with room for 30 or more people with access to parking) at your location for a meeting next year?

Yes No

b) If you are not able to offer meeting space, would you be willing to bring refreshments?

Yes No

5. Comments?

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