



Victoria Stroke Recovery Association
2964 Richmond Rd. Victoria BC V8R 4V1 Ph (250) 383 2623
www.victoriastrokerecovery.org

Thank you for your interest in volunteering as a member of the Board of Directors with the Victoria Stroke Recovery Association.

In order to volunteer with the VSRA, you are required to do a “Voluntary Criminal Background Check for a Person Requesting to Work with Vulnerable Adults”. The CRC is free because it's for a volunteer organization. Here is how you apply: Submit an electronic criminal record check (eCRC) application: <https://justice.gov.bc.ca/criminalrecordcheck> Access Code: DBHVQFJ236

Because many of our members have communication challenges, it would be helpful for you to complete the free 40-minute **Introduction to Supported Communication for Adults with Aphasia (SCA™) eLearning Module**. Here's how:

- Create a *Community Hub* account on the Aphasia Institute website:
- <https://www.aphasia.ca/communityhub/>
 - Role: Other
 - Profession: Volunteer
 - Where Do You Practice: British Columbia
- Then click this link to complete the training (press the yellow **START NOW** button):
<https://www.aphasia.ca/health-care-providers/education-training/online-options/>
- At the end of the eLearning module, you will receive a **certificate of completion**.
Please email this to me at

If you have any questions please be in touch with me, Lynne Young at leyoung@uvic.ca When you have completed the application form please email this, along with your SCA completed certificate of completion, to me at leyoung@uvic.ca



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BOARD MEMBER APPLICATION FORM

Date _____

Name _____

Address _____

City _____ Postal Code _____

Phone(h) _____ Phone (c) _____

Email _____

Date of Birth _____

Privacy

The Victoria Stroke Recovery Association protects the privacy of individual members. The personal information obtained in this application form may be used only in the administration of programs offered by VSRA.

CONSENTS AND RELEASES

BOARD MEMBER WAIVER OF LIABILITY

The Victoria Stroke Recovery Association is dedicated to ensuring the health and safety of all participants.

By signing this form, I _____ (name, please print) acknowledge that my participation in the VSRA is voluntary.

The Victoria Stroke Recovery Association is not responsible for any injury, illness, disability, death, or property damage that happens when:

- I participate in VSRA activities
- I am on the program site or after I leave the site.

Initial _____

DIRECTORY CONSENT

The VSRA prints a member directory each year so members can contact each other outside of group time. Here is what it looks like:

I consent to the VSRA Member Directory to contain my name, suburb, telephone number (cell and/or home) and email address



Yes I consent



No I do not consent

Initial _____

CONFIDENTIALITY AGREEMENT

I agree not to disclose any information about a group member, including names, physical descriptions, biological information, or specific interactions, to anyone outside the group. This information is considered personal and private.



Yes I agree

Initial _____

CONSENT TO SHARE STORIES, PHOTOS AND VIDEOS

I give permission for the Victoria Stroke Recovery Association (VSRA) to use my name, photo, video, or work for educational and promotional purposes. This may include:

- Newsletters, brochures, or resource guides
- Presentations at workshops or conferences
- VSRA website and social media (e.g., Facebook)
- Fundraising or training materials

I understand that these materials will be used positively to promote stroke recovery support, and that I can withdraw or change my consent at any time.



Yes I consent



No I do not consent

Initial _____

VICTORIA STROKE RECOVERY ASSOCIATION (VSRA) - CODE OF CONDUCT

As a member of the Victoria Stroke Recovery Association, I will:

1. Abide by the values of the Victoria Stroke Recovery Association, which are respect, inclusion, and support.
2. Bring honour and dignity to Victoria Stroke Recovery Association and uphold the reputation and integrity of the organization.
3. Demonstrate respect for all members through words, actions and behaviour.
4. Be vigilant in ensuring an environment that is safe and protects members from the threat of emotional, physical, verbal or sexual abuse.
5. Uphold and protect the personal and professional reputation of other members.
6. Respect other members' rights to privacy and the confidentiality of members' personal information.
7. Act with honesty and integrity when dealing with property, monies and any other assets belonging to the Victoria Stroke Recovery Association.
8. Pursue at all times the aims of the Association.
9. Not speak on behalf of the organization, unless it is either expressly indicated in a job description, upon invitation, or with authorization from the Board.
10. Respect and uphold the anti-discrimination laws of Canada and British Columbia. The Victoria Stroke Recovery Association will not tolerate discrimination against a member or non-member of the Association based on race, national or ethnic origin, citizenship, colour, religion, sex, age, mental or physical ability, political beliefs, socio-economic status, health related status, sexual orientation, or marital status.
11. Respect and abide by the laws of British Columbia and Canada.

I will uphold this code of conduct. I will fulfill my role and responsibility in service to the Victoria Stroke Recovery Association, and only act within the limitations of my personal authority in the discharge of my duties.

Initial _____

Name of Member _____

Signature of Member (or Representative) _____

Name of Representative if applicable _____

Relationship of Representative to Member _____

Date Signed _____

Signature of Witness _____ Name of Witness _____