**2023- 2024 Membership Renewal Form**

**Annual Fees:**KAAAV membership is from July 1st to June 30th of the following year.
\_\_\_\_\_\_\_\_\_ $35.00 Organizational Membership
\_\_\_\_\_\_\_\_\_ $5.00 for each additional member (max. 2) within the same organization
\_\_\_\_\_\_\_\_\_ $35.00 Individual Membership
\_\_\_\_\_\_\_\_\_ **New member** \_\_\_\_\_\_\_\_ **Education form enclosed** \_\_\_\_\_\_\_\_\_ **Membership renewal** \_\_\_\_\_\_\_\_ **Payment & invoice enclosed**

**Contact Information:**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years as a KAAAV Member? \_\_\_\_\_\_\_\_

Address (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Member(s) from same organization (max 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**: (*Signature*)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent for my photo to be used by KAAAV for promotional and/or publicity purposes. co

**INVOICE**

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

**Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attention:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Membership Fee $35.00 Additional Members $5.00 each**

**TOTAL INVOICE: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete this information for your organization and keep a copy of this invoice for your records.**

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

<https://www.facebook.com/KAAAV.ORG>
[www.kaaav.org](http://www.kaaav.org)
kaaav.org@gmail.com

**KAAAV Membership Information Form
Your feedback is important, please return this with your payment.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Would you consider being actively involved as a KAAAV committee member?
Terms of Reference may be found on our website.**Education/Events Yes 🞎
Pauline Weston Bursary Committee Yes 🞎
2. **Please identify at least three topics you would like to see presented/discussed during our regular KAAAV monthly networking meetings:**

\_\_ Mandatory Volunteering

\_\_ Prison Volunteers

\_\_ Seniors as Volunteers

\_\_ Virtual Volunteering

\_\_ Volunteers in a Unionized Workplace

\_\_ Volunteers With Disabilities

\_\_ Workplace/Corporate Volunteering
\_\_ Youth Volunteers

**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Management Cycle**

\_\_ Recruiting

\_\_ Screening

\_\_ Interviewing

\_\_ Orientation

\_\_ Task Descriptions

\_\_ Risk Management

\_\_ Evaluation & Assessment

\_\_ Discipline & Dismissal

\_\_ 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

**Legal**

\_\_ Accessibility Legislation

\_\_ Criminal Records Checks

\_\_ Legislation

\_\_ Liability

\_\_ Volunteer Audits

**Fundraising/Marketing/PR**

\_\_ Fundraising

\_\_ Public Speaking

\_\_ Publicity/Marketing

\_\_ Writing Grant Proposals

1. **We know members have a wealth of knowledge. Are there any tools or information you or a co-worker/associate would be willing to share with the larger group?**

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

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

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

**Comments?**

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

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Please mail your payment with completed invoice, membership, and education form to:

**KAAAV**

**P.O. Box 1442**

**Kingston Main**

**Kingston, ON K7L 5C7**

[**www.kaaav.org**](http://www.kaaav.org)

**Thank you**

***Our Mission***KAAAV is a non-profit multi-disciplinary membership association of volunteer managers who meet regularly to network and access professional development.

***Vision Statement***To ensure that leaders of volunteers are recognized and valued as essential professionals in our community.

***Core Values***We are a winning team of talented people who benefit from shared resources. Our members are motivated and rewarded as they contribute to the Association and to increasing long-term value for KAAAV.

We are fully committed to achieving success.

We strive to earn enduring credibility with others which we believe is essential to long-term professional and business relationships.

We respect all of our members and strive to insure that opportunity for knowledge, participation and advancement is available.



<https://www.facebook.com/KAAAV.ORG>
[www.kaaav.org](http://www.kaaav.org)
kaaav.org@gmail.com