Volunteer Application Form

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____ City: _____

Phone Number: _____

Email: _____

Emergency Contact Information

Full Name: _____

Relationship: _____

Phone Number: _____

Reference

Full name: _____

Relationship: _____

Phone Number and/or Email: _____

Which volunteer roles are you interested in?

☐ Childminding

☐ Childminding: off-site - Keswick (MURC)

☐ Childminding: off-site - Markham (Welcome Centre)

☐ Childminding: off-site - Richmond Hill (EarlyON)

☐ Driver: deliver monthly Family Care Packages to client's homes

Availability

☐ Monday morning
☐ Monday afternoon

☐ Tuesday morning
☐ Tuesday afternoon

☐ Wednesday morning
☐ Wednesday afternoon

☐ Thursday morning
☐ Thursday afternoon

☐ Friday morning

Declaration

As a volunteer, I fully understand and agree to the following:

- That I will not receive any remuneration, salary, wage, payment or any employee benefit whatsoever from RoS or be covered by their Workers' Safety and Insurance benefits.
- That, except as authorized, I will not use RoS facilities and equipment.
- In consideration of being permitted to participate as a volunteer, I agree to assume all risk of loss or injury, including death to myself or damage to my property while on any of the premises of RoS and elsewhere resulting directly or indirectly from my activities and performance as a volunteer. In the event that I am injured and my next of kin cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal.
- That I release RoS, their Board of Directions and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from or be in any way connected to my participation as a volunteer for RoS. I understand that this release applies to both present and future injuries and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.
- That in the course of participating in the volunteer program, I may be in receipt of confidential information including but not limited to client identities, materials, records, memoranda, data and results pertaining to, arising from or containing particulars of confidential information. I agree that I shall not at any time while I am providing volunteer services for RoS or at any time after those services are completed, disclose to anyone such confidential information, except as may be required or permitted by law or at the request of RoS, or as required to perform the volunteer services.
- That all material prepared by me, in the performance of my volunteer services, including copyright therein, shall become the sole property of RoS. I waive any moral rights I may have with respect to all material prepared pursuant to this Agreement in favour of RoS and any of its assignees and licensees.
- I hereby agree to be audiotaped, filmed, interviewed, photographed, recorded and/or videotaped and to have this material/work–in part or in whole - displayed, published and/or distributed through the media of film, multi-media presentations, radio, social media sites, television, printed or display form. I understand that the material/work may appear in electronic format on the internet or in other publications outside the control of the above-named agencies/partners/people. I agree that I will not hold the above-named responsible for any harm that may arise from such unauthorized reproduction. I hereby waive any right to approve the use of this material/work now or in the future, whether that use is known to me or unknown, and I waive any rights to any royalties related to the use of the material/work.
- As a condition of volunteering, I understand that a Vulnerable Sector Police Record Check and Tuberculosis Test is required, to which I am responsible for covering any associated fees.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE CONDITIONS, RELEASE AND WAIVER.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that, if I am accepted as a volunteer, any false statements, omissions, or misrepresentations made by me on this application may result in my immediate dismissal.

Full Name: _____ Signature: _____

Date: _____

Please email the completed form to Lori Lucchese at llucchese@roseofsharon.com