

## Volunteer & Placement Student Information Form

VOLUNTEER Contact Information			
Name			
Street Address		City/Postal Code	
Home/Cell Phone		E-mail Address	
EMERGENCY Contact Information			
Contact Name		Phone Number	
Relationship to you			
Family Doctor (in case of emergency only)			
Name		Phone Number	
Do you have any Allergies or Health Issues we should be aware of? If so, please describe below			
Availability: Please indicate the area you are interested in volunteering, the days & times are you available. Select all that apply.			
<input type="checkbox"/> Sorting Donations @ Rosie's Closet <input type="checkbox"/> Driver: Monthly Care Packages <input type="checkbox"/> Admin Support/Reception <input type="checkbox"/> Child Minding <input type="checkbox"/> Driver: Holiday Baskets/Dinners <input type="checkbox"/> Assistant Volunteer Coordinator <input type="checkbox"/> Other			
<input type="checkbox"/> Mornings 9:00am-12:00pm	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>
<input type="checkbox"/> Afternoons 12:30-4:00pm	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>
REFERENCE: Please provide one personal character reference:			
Organization Name (if referral):			
Name:			
Phone:		Email:	
Relationship:			

**DECLARATION:**

I, \_\_\_\_\_ understand that I will be volunteering for Rose of Sharon Services for Young Mothers ("RoS"), during the COVID-19 pandemic response beginning on \_\_\_\_\_, and that during that time I will have received instruction/direction from a staff member from Rose of Sharon regarding COVID-19 health and safety policies and procedures. **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/placement 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/placement 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/placement services.
- That all material prepared by me, in the performance of my volunteer/placement 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 is required, to which I am responsible for covering any associated fees.
- I agree to adhere to RoS COVID Protocols (daily self-assessment, vaccination requirements, etc.)

**Agreement and Signature**

**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/placement, any false statements, omissions, or misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)			
Signature		Date:	

Please email the completed form to Carol Dowell [cdowell@roseofsharon.com](mailto:cdowell@roseofsharon.com)