



Application

Students and Volunteers

(Please check the box that applies:)

Student Practicum
 Student Volunteer
 Community Volunteer
 Work Experience

Name:	
Address & Postal Code:	Telephone (Home):
	Telephone (Cell):
E-Mail Address:	
Emergency Contact (Name and Telephone):	
Name and Telephone Number of Educational Institution (if student):	
Name and Telephone Number of Contact:	

All volunteers (this includes students on a practicum or work experience program) will work closely with the site Manager and/or Activity Coordinator, and will report to the Manager.

Volunteers will be subject to the same standards of conduct expected of all Green Acres Foundation employees (Oath of Confidentiality, Code of Conduct, Conflict of Interest, Harassment, Personal Favours, Gifts or Gratuities).

Individuals volunteering for Green Acres Foundation must be made aware that confidentiality is of the utmost importance. To that end, all volunteers and students will also be required to sign the Oath of Confidentiality below. It is essential that these individuals never publicly discuss issues or information gained as a result of their presence at the facility.

Green Acres Foundation reserves the right to cease the volunteer relationship at any time. Volunteers may discuss any concerns with Management.

I, _____, agree that I will not discuss confidential information pertaining to the affairs of the Foundation, or personal or confidential information regarding residents or staff acquired through my association with the Foundation. I further agree that any confidential information I may be privy to, will remain so.

Signed: _____ Date: _____

The **Freedom of Information and Protection of Privacy Act (FOIP)** requires that informed consent be obtained for the collection, use, and disclosure of all personal information. If you have any questions concerning the Freedom of Information and Protection of Privacy Act, please contact the Green Acres Foundation FOIP Coordinator at (403) 328-1155.

Notification

Please be advised that on occasion the media may be present and photographs and/or videos may be taken of you. It is your choice to be present on these occasions and Green Acres Foundation will instruct the media to speak directly with you should they wish to obtain personal information.

Please note that photos and/or videos of resident activities that are open to the general public may be taken and used for purposes within and outside of Green Acres Foundation. Green Acres Foundation may not restrict these activities at public events.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize Green Acres Foundation to gather relevant information necessary to assess my eligibility to volunteer or participate in work experience or student practicum in a Green Acres Foundation facility, and agree with the Notification as stated above.

Date: _____ Applicant's Signature: _____

Date: _____ Parent/Guardian: _____
(If under 18)

Date: _____ Facility Manager: _____

Volunteer Waiver of Liability

Thank you for volunteering with Green Acres Foundation. We greatly appreciate your assistance in our facilities. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release Green Acres Foundation of all liability while working with Green Acres Foundation. **This form is in effect from the signing date to December 31st of that year.**

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____ 20____, by _____ (the "volunteer") in favour of Green Acres Foundation, their administrators, managers, employees, and agents (collectively, "Foundation").

The volunteer desires to assist as a volunteer for the Foundation and engage in the activities related to being a volunteer (the "activities"). The volunteer understands that the activities may include participating in special events and fundraisers.

The volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: The volunteer does hereby release and forever discharge and hold harmless the Foundation and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the volunteer's activities with the Foundation.

The volunteer understands that this Release discharges the Foundation from any liability or claim that the volunteer may have against the Foundation with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the volunteer's activities with the Foundation, whether caused by the negligence of the Foundation, its Board, its administrators, managers, employees, or agents or otherwise.

The volunteer also understands that the Foundation does not assume any responsibility for, or obligation to provide, financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: The volunteer does hereby release and forever discharge the Foundation from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the volunteer's activities with the Foundation.

Insurance: The volunteer understands that, except as otherwise agreed to by the Foundation in writing, the Foundation does not carry or maintain health, medical, or disability insurance for any volunteer.

Responsibility: Volunteer drivers are responsible to follow all legislation when operating a Foundation-owned vehicle. Traffic violations/fines and speeding tickets are the responsibility of the volunteer.

IN WITNESS WHEREOF, the volunteer has executed this Release as of the day and year first above written.

Volunteer Name (please print): _____

Volunteer Signature: _____

Today's Date: _____

Group/Organization (if applicable): _____

For Administrative Use Only							
Facility:				Position:			
Start Date:			End Date:			Criminal Records Check attached: (must be submitted before start date)	
Hours Scheduled:							<input type="checkbox"/> YES <input type="checkbox"/> NO
Mon	Tue	Wed	Thu	Fri	Sat	Sun	