



# VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Municipality of Arran-Elderslie. Please provide us with the information below. If you are selected for the volunteer position, a municipal employee will contact you to provide additional information.

VOLUNTEER INFORMATION				
Name (Print):				
Address:				
Phone Number		Phone Number (Other)		
E-mail Address:				
Date of Birth dd/mm/yyyy:				
Volunteer Position:				
Emergency Contact:		Emergency Contact Phone:		
VOLUNTEER EXPERIENCE & CERTIFICATIONS			YES	NO
Do you have a current Standard First Aid and CPR-C Certificate?			<input type="checkbox"/>	<input type="checkbox"/>
Are you AED (Automated External Defibrillator) Trained?			<input type="checkbox"/>	<input type="checkbox"/>
Have you volunteered or applied to volunteer for the Municipality of Arran-Elderslie in the past? <i>If yes, please describe:</i>			<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional certifications, qualifications or related experience that could be applied to a volunteer position with the Municipality?			<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of Volunteer Responsibilities:				
This section must be completed by the volunteer or by a Parent of Legal Guardian if the Volunteer is under the age of 18.				
<input type="checkbox"/>	I understand that potential volunteers may be required to undergo a screening process which could include an interview and reference check			
<input type="checkbox"/>	I understand that mandatory training sessions may take place prior to volunteer position commencement.			
<input type="checkbox"/>	I understand that upon acceptance of a volunteer position, I may be required to obtain a Police Vulnerable Sector Check (over 18) or a Police Information Check (under 18) at my own expense prior to volunteering.			
<input type="checkbox"/>	I hereby certify that the information provided is correct, and any false statements made on this application will result in immediate termination of my volunteer position.			
<input type="checkbox"/>	I understand that the Municipality can refuse assistance of an individual to volunteer or to end a current volunteer opportunity. The Municipality is not required to provide reasons or rationale for these actions.			

**Personal information contained on this form is collected in pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the Municipal Clerk.**



# VOLUNTEER CONTRACT

## VOLUNTEER INFORMATION

Name (Print):	
Address:	
Telephone number(s):	
E-mail Address:	
Age:	
Volunteer Position:	

The following is an acknowledgement by you, the volunteer, and the Municipality of Arran-Elderslie:

As a volunteer in Arran-Elderslie	Initials
I will follow the roles and responsibilities as outlined in my position description	
I will volunteer for the minimum volunteer commitment as outlined in my position description	
I will provide a criminal record check, if required by the Program/Event coordinator	
I will complete the mandatory training prior to engaging in volunteer activity	
I will maintain a high commitment to my personal health and safety and that of fellow volunteers, staff and patrons. I will immediately report any incidents, concerns and/or accidents to my supervisor	
I will behave in accordance with the Municipality of Arran-Elderslie Code of Conduct	
I will be respectful to staff, patrons, and fellow volunteers at all time	
I will be reliable, prompt and notify the Volunteer Coordinator if I am unable to complete my scheduled shift	
I will be receptive to constructive feedback from the Volunteer Coordinator	
I will not receive monetary compensation for my volunteer services or time	
I will not be considered an employee of the Municipality of Arran-Elderslie	

### Additional information from the Municipality:

1. We will provide written information, training and support to you as a Volunteer.
2. We will ensure adequate supervision is in place and provide constructive feedback on volunteer performance.
3. We will respect the skills, dignity, and individual needs of the Volunteer and adjust to accommodate individual requirements whenever possible.
4. We will be receptive to feedback from you as a Volunteer regarding ways in which we might improve our service and mutually accomplish our respective tasks.
5. We will maintain our commitment to the health and safety of all volunteers, staff and patrons and conduct ourselves accordingly.
6. Personal information contained on this form is collected in pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

Volunteer:	Signature:	Date:
Municipal Rep.:	Signature:	Date:



# VOLUNTEER CONTRACT

**\*\*PAGE 2 SHALL BE COMPLETED BY PROGRAM/EVENT ADMINISTRATOR\*\***

Required Training for Volunteers	Required (Yes/No)	Document Sent to Volunteer
Employee Code of Conduct		<input type="checkbox"/>
Respect in the Workplace Policy (Harassment and Violence)		<input type="checkbox"/>
Municipal Accessibility Policy		<input type="checkbox"/>
Health & Safety Policy		<input type="checkbox"/>
Social Media Policy		<input type="checkbox"/>
WHMIS Training		<input type="checkbox"/>
Volunteer Application		<input type="checkbox"/>
Volunteer Contract		<input type="checkbox"/>
Emergency Medical Information		<input type="checkbox"/>
Volunteer Waiver		<input type="checkbox"/>
<b>SITE SPECIFIC:</b>		
- First Aid: Location of Stations, names of First Aiders		<input type="checkbox"/>
- Fire Safety & Evacuation Plans		<input type="checkbox"/>
- Site Specific Hazards (i.e. contaminated sandbags, heat/cold exposure, exposure to compressed gases, Location of Trip/Slip/Fall hazards, proper techniques to prevent MSDs, etc.)		<input type="checkbox"/>
<b>POLICE VULNERABLE SECTOR CHECK/POLICE INFORMATION CHECK</b>		<input type="checkbox"/>

TRAINER INFORMATION	
Name (Print):	
Date of Completed Volunteer Training	
Signature:	
Date:	



# VOLUNTEER EMERGENCY MEDICAL INFORMATION

This form is voluntary and assists healthcare providers take care of you as efficiently as possible in the event of an emergency. We urge you to include information of at least one person whom emergency personnel can reach on your behalf, as well as any medical conditions and/or allergies that would be beneficial for emergency personnel to know.

VOLUNTEER INFORMATION			
Name (Print):			
Address:			
Phone Number		Cell Number (Other)	
E-mail Address:			
EMERGENCY CONTACT(S)			
CONTACT #1			
Name (Print):		Relationship to Volunteer:	
Phone Number:		Cell/Alternate Number	
CONTACT #2			
Name (Print):		Relationship to Volunteer:	
Phone Number:		Cell/Alternate Number	
MEDICAL INFORMATION			
Do you have known medical conditions that could be impacted by this volunteer activity/work? Please Specify			
Do you have known Allergies? Please Specify:			

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## VOLUNTEER WAIVER

**All volunteers** must complete and sign the Volunteer Service Waiver prior to volunteering for the Municipality of Arran-Elderslie.

### VOLUNTEER INFORMATION

Name (Print):

Volunteer Position:

I acknowledge having read the terms and conditions of the volunteer position and I understand and agree to abide by these terms and conditions and to work safely in accordance with the safety training and/or safety materials provided to me.

I understand that my participation as a volunteer does not make me an employee, agent, or contractor of or for the Corporation of the Municipality of Arran-Elderslie ("Municipality"). Although I am covered by the Municipality's General Liability Insurance, I understand that the Municipality will not assume any responsibility for any personal injury or material losses, damages, claims, liabilities, or suits whatsoever arising from my participation as a volunteer for the Municipality.

I understand that participation as a volunteer requires the exercise of due care to avoid risks that could result in injury, death or loss or damage to person or property. I acknowledge the inherent risks involved with the volunteer position, which activities I am being allowed to undertake freely on my own volition, without pay or compensation of any kind and without any liability of any nature on behalf of the Municipality. I understand that all services I perform during my volunteer service are undertaken at my own risk.

I, for myself, my heirs, executors, administrators, successors, assigns, agents, or anyone else who may claim on my behalf, hereby release the Municipality, its elected officials, officers, employees, agents, or anyone acting on behalf of the Municipality, from and against any and all losses, liabilities, damages, injuries, actions, causes of action, claims, demands, costs and expenses of every kind and nature whatsoever which I may incur or suffer arising directly from my participation in the volunteer program including but not limited to liability for personal injury, sickness, disease, death, damage to property or loss of any kind and however caused, whether foreseen or unforeseen and whether arising out of or attributable to the negligence, acts, errors, omissions, misfeasance, nonfeasance, of the Municipality, its elected officials, officers, employees, agents, or anyone acting on behalf of the Municipality, or any of them, in connection with or in any way related to the volunteer program, but excluding liability arising out of or attributable to fraud or willful misconduct on their or its part.

I confirm that I have been advised to obtain independent legal advice prior to signing this Volunteer Service Waiver.

**\*If Volunteer is under the age of 18, this Waiver must be signed by a parent or guardian.**

Volunteer Signature:

Date:

Parent/Guardian Signature: \*

Date:

Witness:

Date: