

**Volunteer Information:**

<b>Full Name:</b>	<b>Pronouns:</b>
<b>Birth Date (YYYY/MM/DD):</b>	<b>Age:</b>
<b>Address:</b>	
<b>Email:</b>	
<b>Phone Number:</b>	<b>Shirt Size:</b>
<b>Does the volunteer have any dietary preferences or restrictions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please elaborate:	
<b>Does the volunteer have any medical concerns or conditions</b> (E.g. Allergies, Asthma, Diabetes): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete an Emergency Alert and Consent to the Administration of an EpiPen form to accompany this registration, if an EpiPen is needed.	
<b>Is the volunteer on any medication?</b> (E.g. Ritalin, Inhaler, EpiPen): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
<b>Does the volunteer require support and/or accommodation due to a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete an HVNA Support Information Form to accompany this registration.	

**Emergency Contact Information (Please provide a minimum of two):**

Name	Relationship	Phone Number

**Volunteer Program Details (Please choose the program(s) you would like to be considered to volunteer for):**

Volunteer Programs	Date(s)	Time	Check
After School Program (ASP)	Monday	3:30-5:30pm	<input type="checkbox"/>
After School Program (ASP)	Tuesday	3:30-5:30pm	<input type="checkbox"/>
After School Program (ASP)	Wednesday	3:30-5:30pm	<input type="checkbox"/>
After School Program (ASP)	Thursday	3:30-5:30pm	<input type="checkbox"/>

**Volunteer Experience and Qualifications:**

<b>LEAD Certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Standard First Aid and CPR C Certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HIGH FIVE Certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Lifeguard Certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Interests, hobbies, other certifications, skills:</b>	
<b>Volunteer/Work Experience:</b>	
<b>How did you learn about this opportunity?</b>	

**Volunteer Screening:**

<b>Have you ever been convicted of a criminal offense:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will you agree to a Police Record Check (18+ only)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Photographic Release (Optional):**

I hereby give permission to Hespeler Village Neighbourhood Association for use of my picture in any promotional material, including, but not limited to, advertising, publications, brochures, video productions and other uses. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium. I understand these materials may be used by Hespeler Village Neighbourhood Association.

\_\_\_\_\_

Parent/Guardian or Volunteer (18+) Signature

\_\_\_\_\_

Date (YYYY/MM/DD)

**Volunteer Agreement:**

I, \_\_\_\_\_ (full name), in applying to perform duties for Hespeler Village Neighbourhood Association (HVNA) as a volunteer, fully understand and agree to the following:

1. That I will not be participating in volunteer activities in the capacity of a HVNA employee or independent contractor.
2. That I will not receive any remuneration, salary, wage, or payment, or employee benefit whatsoever, to be covered by the Workplace Safety Insurance Act.
3. That, except as authorized, I will not use HVNA equipment or facilities.
4. That I will immediately notify the appropriate HVNA representative of any incident that involves personal injury or property damage during my duties.
5. That it is my responsibility to read, understand, and follow the related policies, procedures, and guidelines of HVNA as passed by the Board of Directors.
6. That privileged information received about program participants, volunteers, and/or staff of HVNA is confidential and may only be revealed to my direct supervisor. Failure to maintain confidentiality may be cause for immediate dismissal or other corrective action.
7. That either HVNA or I may terminate my volunteer activities at any time.

\_\_\_\_\_

Parent/Guardian or Volunteer (18+) Signature

\_\_\_\_\_

Date (YYYY/MM/DD)

**Signature:**

**1. Authorization and Release:** I, in my personal capacity and on behalf of the volunteer, do hereby RELEASE FROM ALL LIABILITY Hespeler Village Neighbourhood Association, its directors, volunteers, employees, agent and representatives (hereinafter Releasee) for any injuries, illnesses, or other mishaps that may be incurred by the participant while attending a registered or drop-in program or event, except where damage or injury is caused by the gross negligence of the Releasee. In the event the volunteer should be injured or become ill, I authorize any medical treatment that may be required and will assume full financial responsibility for the said treatment. At no time is the Releasee liable for the action/inaction of any support worker supplied by and/or for the volunteer.

**2. Permission Form:** I hereby give permission for the volunteer to travel off-site to activities and events with the staff and other volunteers on the above terms. Prior notice/schedules of activities will be provided. I authorize that I/my child may be digitally imaged for public relations materials/purposes.

**3. Personal Information:** Personal information collected on this form is obtained in compliance with the Personal Health Information Protection Act (PHIPA) and will be used only for the purpose of HVNA. Questions about the collection of personal information should be directed to HVNA by calling 519-240-3567. By signing this release, you are releasing your legal rights against HVNA.

By signing below, you are attesting that all information provided herein is accurate and that you acknowledge statements 1, 2, and 3 above:

\_\_\_\_\_  
Parent/Guardian or Volunteer (18+) Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

**Thank you for your registration. We look forward to you volunteering with HVNA!**