



## The Corporation of the Municipality of Chatham-Kent

The Municipality strives to create a culture of volunteer engagement, offering volunteer opportunities in a variety of areas that directly contribute to enhancing the quality of life for the citizens of Chatham-Kent. Volunteer involvement is based on the successful completion of further screening measures which may include a Police Records Check and the availability of a suitable role. The Municipality will make reasonable accommodations available for those with disabilities, upon request. All information gathered will be kept confidential and will be used only by the Municipality. Please print clearly. Thank you for completing this form.

Please check which category applies to you:

- Adult Volunteer     
  Student Volunteer     
  Co-op Student Secondary School

### General Information

|                                    |           |   |
|------------------------------------|-----------|---|
| First Name:                        | Known as: | Last name:  |
| 911 Street Address:                |           | Apartment/Unit #:   |
| Rural Route:                       | PO Box:   | City/Town:  |
| Province:                          |           | Postal Code:  |
| Primary Telephone:                 |           | Other Telephone:  |
| E-mail address:                    |           | Preferred contact method:   |
| Date of birth ** (year/month/day): |           | Do you possess a valid driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No |

\*\* required field for training purposes only

### Emergency Contact Information

|                |      |               |      |
|----------------|------|---------------|------|
| Name:          |      | Relationship: |      |
| Telephone:     | Home | Cell          | Work |
| Email address: |      |               |      |

|  |  |
|--|--|
| <b>Completed by: (print name)</b>  |  |
| <b>Date completed:</b>   |  |
| <input type="checkbox"/> <b>Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date and name, above.</b> |  |
| Are you connected to an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Name of agency:  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA) and will be used exclusively to register you as a new volunteer of the Municipality of Chatham-Kent. The Municipality of Chatham-Kent respects the privacy of its volunteers. At no time does the Municipality of Chatham-Kent sell or distribute its volunteer list.

### Confidentiality Agreement

I \_\_\_\_\_, acknowledge that during my employment with the CK Public Health, I will have access to personal information about clients, their families, local businesses and other employees which is private and confidential in nature.

At all times, I will respect the privacy of clients, their families and other employees.

I will treat all CK Public Health's clinical, administrative and financial information about clients, their families and other employees as confidential information.

I will ensure that private and confidential information is not inappropriately accessed, used or disclosed either by me or by virtue of my password to systems.

I understand that violations to privacy and confidentiality may include but are not limited to:

- Accessing personal information that I do not require for work purposes
- Misusing or disclosing personal information without proper authorization
- Altering personal information of clients or other employees
- Disclosing to another person my user name and password to enable unauthorized access to personal information.

I will only access, use and transmit private and confidential information using organization authorized hardware, software or other equipment, with proper consent, as required by the duties of my position.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with CK Public Health.

I understand that if any of these conditions are breached, I may be subject to disciplinary action that may include termination of employment.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Witness (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Volunteer Acknowledgement, Release and Waiver Form

**Attention: Please read the following very carefully as it affects your legal rights.**

I agree that my **children under 18 years of age**, as named below, are participating in volunteer activities with the Corporation of the Municipality of Chatham-Kent ("Municipality")

for **Gleaning** beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending on  
Day / Month / Year

\_\_\_\_/\_\_\_\_/\_\_\_\_. In consideration for the Municipality allowing such children to participate in the  
Day / Month / Year

volunteer activities, I \_\_\_\_\_, for myself and for such participating children,

fully understand and agree as follows:

1. Such participating children will not be participating in the volunteer activities in the capacity of a Municipal employee or independent contractor.
2. No pay, payment, salary, wage or employee benefits (such as accident/disability/medical/dental or other insurance coverage) whatsoever will be paid to such participating children and I and such children will not be covered by the Workplace and Safety Insurance Act.
3. Performing volunteer activities may involve certain elements of risk or the chance of an accident and such participating children participate in the volunteer activities at my and their own risk.
4. I fully release, waive and discharge the Municipality and its elected officials, officers, employees and agents and their respective successors, assigns, heirs, and executors from all liability to the undersigned for any claims, demands, damages, costs, actions and causes of action, in respect of death, injury, loss or damage to person or property, however caused, arising or to arise by reason of participation of such children in the volunteer activities.
5. Such children will abide by all applicable Municipality training, policies and rules, including those relating to the treatment of confidential information and will follow all instructions of the appropriate Municipal management/volunteer lead staff person in carrying out the volunteer activities.
6. Such children will not use facilities, equipment, or property owned by the Municipality without the approval of a Municipality management staff person.
7. Such children will not use facilities, equipment, or property owned by the Municipality, for personal purposes.
8. Either the Municipality or I may terminate the participation of such children in the volunteer activities at any time.

**By signing this form:**

- I acknowledge that I have read and understood the preceding conditions, release, and waiver; and
- I agree to the preceding conditions, release and waiver.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Name of Child (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (Print)

**Note: This form must be completed and signed by the volunteer before being accepted by The Municipality for volunteer activities. The original is to be retained by the supervisor, along with a signed Promise of Confidentiality (where applicable), with a copy of each to be given to the volunteer.**

Revised June 21 2023