



South Dundas Volunteer Application Form

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|--------------------------------|--------------------|
| Date: | |
| First Name: | Last Name: |
| Address: | |
| Cell Phone: | Home Phone: |
| Email: | |
| Emergency Contact Name: | |
| Cell Phone: | Home Phone: |

Volunteer Position:

Skills/Experience (Optional)

Please describe your skills and/or past volunteer experience:

Do you own CSA-approved steel-toed work shoes/boots?

Yes No

Are you a student who wants to complete your 40 hours of community involvement?

Yes No

Valid first aid certification is an asset but not a requirement of the volunteer

Yes No _____ (If Yes Year of Completion)

Medical Information

Do you have any an existing medical allergy/disability/condition/injury?

Yes _____ No _____

If yes, please provide details: _____



Parental Consent for Applicants 17 Years and Younger

Parent/Guardian Name: _____

Relationship: _____

Email: _____

Phone: _____

I give permission for the applicant to work as a volunteer for the Municipality of South Dundas.

Parent/Guardian Signature: _____

Date: _____

Declaration

I understand that I am applying for volunteer work for the Municipality of South Dundas. I understand certain volunteer positions have some risk. While South Dundas strives to reduce these risks, they can never be completely eliminated. In consideration of volunteering accepting this application, the undersigned, on my own behalf and the behalf my heirs, executors, administrators, and assigns, hereby releases The Municipality of South Dundas, its directors, employees, volunteers and agents from any and all claims, demands, damages, actions or causes of action. The Municipal does carry a liability insurance policy which extends to volunteer worker as an additional Insured while carrying out their duties on behalf of the Municipality. Municipal Liability extend cover to protect the volunteer if a third party brings a claim against the volunteer alleging their negligence caused bodily injury or property damage subject to the policy terms, conditions and exclusions.

I agree to maintain the highest standards of confidentiality with respect to any information obtained regarding Residents or Staff during my volunteer work. I agree to notify South Dundas Staff, as soon as possible, when circumstances necessitate my absence (holidays, illness, etc.).

I declare that the information in this application is true and accurate.

Signature: _____

Date: _____