



Engaged EG – Volunteer Application Form

Personal Information

First Name:	Last Name:	
Home Address:		
City/Town:	Province:	Postal Code:
Home Number:	Cell Number:	
Email:		

Please circle Yes or No:

- Have you volunteered with the Town of EG before? (Yes/No)
- Do you have a current Standard First Aid and CPR-C certificate? (Yes/No)
- Do you require volunteer hours as part of the requirements for an OSSD? (Yes/No)
- Have you ever been convicted of a criminal offence? (Yes/No)
- Are you willing to obtain a Vulnerable Sector check? (Yes/No)

(volunteers will be required to provide the Town with a VSS prior to volunteering at events – a document that entitles volunteers to a discount will be provided)

Why do you want to become an Engaged EG volunteer?



Engaged EG – Emergency Contact Form

Personal Information

First Name:	Last Name:	
Home Address:		
City/Town:	Province:	Postal Code:
Home Number:	Cell Number:	
Email:		

Emergency Contact Information

First Name:	Last Name:
Relationship:	
Home Number:	Cell Number:

Health Concerns/Medications

Please list any health concerns or medications that the Volunteer is required to take that the Town should be aware of. Any health concerns that may interfere with your full participation or your participation in the program must be listed in the text line below. Please also indicate if there are there special medications required to be taken on site. Should the Volunteer or their Parent/Guardian fail to provide any information in the text line below, it will be assumed that the Volunteer does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent the Volunteer from participating in the Engaged EG Volunteer program.



Engaged EG – Informed Consent/Waiver *for all participants*

In consideration of _____ taking part in the Engaged EG Volunteer Program on behalf
(volunteer name)
of the Town of East Gwillimbury acting in my/their capacity as a volunteer starting on _____
(date)

Elements of Risk:

I acknowledge that participation as an Engaged EG volunteer involves certain elements of risk. These risks include but are not limited to: cuts, abrasions, sprains, fractures, spinal injury, brain injury or even death. The risk of sustaining injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and the participant's own physical condition and actions.

The risk of sustaining these types of injuries can result from the nature of the Program and can occur without any fault of the Volunteer, or the Town of EG, its employees, agents, elected officials, contractors, or the facility where the activity is taking place. By choosing to volunteer in this Program, you are accepting all risk that you may be injured. The chance of an injury occurring can be reduced by following instructions at all times while engaged in the activity.

If you choose to participate on behalf of the Town of East Gwillimbury you acknowledge and understand that you bear the responsibility for any injury that might occur and agree to be bound by the terms of this Informed Consent/Waiver.



PERMISSION

As the undersigned below, you understand and agree to be bound by the following provisions:

I hereby waive and discharge the Town of EG, its employees, agents, officers, and elected officials from all claims, damages, costs, and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of arising or to arise by reason of my/their participation as a volunteer for the Town of EG.

I hereby give the Corporation of the Town of EG approval to be included in photos on behalf of the Town during participation with the Town, including, but not limited to, the right to use materials for any purpose. I understand that I will not have ownership of photographs/recordings, I have not been provided compensation and I waive any rights, privileges or claims based on publicity, privacy, ownership or other rights arising, relating to or resulting from the photographs, images/recordings.

Volunteer Applicant Name (Print): _____

Volunteer Applicant Signature: _____

Date: _____

Additional Signature Required: Applicants under 18 years of age

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above-listed minor child, to participate in all activities that comprise the Program. I have read and understand the Informed Consent/Waiver Form, any questions of mine have been answered.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

The personal information collected herein is subject to the Municipal Freedom of Information Act and the Personal Information Protection and Electronic Documents Acts. The information collected may be used for registration and marketing purposes and will be stored electronically by the Town for a period of time to facilitate annual registrations, surveys and mailings. Completion of this form constitutes consent by the applicant/user to these terms and uses, unless otherwise modified or revised in writing delivered to the Town. Questions regarding this collection may be directed to engagedeq@eastgwillimbury.ca

