



Volunteer Application



Name: _____ Date: _____

Address: _____

City _____ Province _____ Postal Code _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you 18 years of age or over? YES NO

Emergency Contact: _____ Phone: _____ Relationship: _____

Volunteer Waiver

As a volunteer with Alberta AdaptAbilities Association, I agree to abide by the following terms and conditions:

1. Confidentiality: I will maintain the confidentiality of information regarding AdaptAbilities not generally available to the public and obtained in the course of performing my volunteer role; as well as respecting AdaptAbilities member's rights to privacy and confidentiality of their information.

2. Environment: As a volunteer I will be vigilant to help create an environment that is safe and protects members from the threat of emotional, physical, mental, verbal or sexual abuse.

3. Non-Discrimination/Equity: AdaptAbilities will not tolerate discrimination against a member or non-member of AdaptAbilities based on race, national or ethnic origin, citizenship, color, religion, sex, age, mental or physical ability, political beliefs, socio-economic status, health related status, sexual orientation, or marital status. As a Volunteer I will respect and uphold this code.

4. Relationships/Boundaries: I will recognize that the volunteer role is to assist participants within the time lines and role responsibilities at the event I am volunteering at. I recognize that relationship development or connections are specific to the event and are not encouraged outside of regular event activities.

5. Alcohol/Drug Use: As a volunteer I understand that being under the influence of alcohol or drugs will interfere with my ability to deliver Volunteer services. I therefore agree: not to perform volunteer duties while under the influence of drugs or alcohol; not to provide a member with illegal substances or encourage their use; not to participate with a member of legal provincial/territorial age of majority in alcohol consumption.

6. Conflict of interest: As I volunteer I agree to discuss any potential conflict of interest with any supervisors and commit to being truthful in all matters to do with the volunteer relationship and AdaptAbilities.

7. Accountability: I agree to participate in supervision that is acceptable, reasonable, regular and visible according to the guidelines of the individual events and roles I am assigned to. Supervision ensures accountability for performance of assigned responsibilities, provides an opportunity for feedback and support in the role of a volunteer.

8. I voluntarily and freely assume all risks of loss, damage, injury or death that I may sustain as a result of my participation in any Alberta AdaptAbilities Association activities, programs or events. **I hereby release and discharge** the Alberta AdaptAbilities Association, its agents, employees, instructors, volunteers, counselors and camp leaders from any claim or action I have in respect to my volunteer participation in any Alberta AdaptAbilities Association activities, programs or events. This waiver is binding on me, my heirs, next of kin, executors, administrators and insurers.

Volunteer Name: _____ Staff Name: _____

Volunteer Signature: _____ Staff Signature: _____
(under 18 please have parent or guardian sign)

Regular Volunteers are required to complete the following information:

Please indicate the volunteer position you are interested in. Please check as many as you wish:

- McKernan Respite Centre
- Meadowlark Respite Centre
- Hearts in Action Camps (Teacher's Convention, Spring Break, Christmas Break)
- Hearts in Action summer Camps
- Walk for Abilities
- Auction for Abilities
- Fundraising
- Special Events
- Other: _____

EDUCATION (CURRENT OR MOST RECENT)

School: _____ Year: _____ Degree: _____

REFERENCES

Name: _____ Organization (if applicable): _____

Phone Number: _____

Relationship: Personal _____ Current Employer Past Employer

May we contact this individual? YES NO

Name: _____ Organization (if applicable): _____

Phone Number: _____

Relationship: Personal _____ Current Employer Past Employer

May we contact this individual? YES NO

VOLUNTEER POSITIONS HELD

Briefly describe yourself and why you would value a position volunteering with AdaptAbilities:

