

**VOLUNTEER AGREEMENT/RELEASE AND WAIVER FORM**



**SPRUCE LODGE**

Continuum of Care  
643 West Gore St.  
Stratford, ON Canada N5A 1L4  
Telephone: 519-271-4090 x 2257  
Fax: 519-271-5862

**Volunteer Application Form**

**ATTENTION: PLEASE READ THE FOLLOWING VERY CAREFULLY AS IT AFFECTS YOUR RIGHTS.**

I, \_\_\_\_\_ (Print Full Name), fully understand and agree to the following regarding participating in volunteer activities with Spruce Lodge Continuum of Care (Spruce Lodge), in Stratford, Ontario. When Spruce Lodge allows me to participate in such activities:

1. I will not be participating in volunteer activities in the capacity of a Spruce Lodge 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 me and I will not be covered by Workplace and Safety Insurance Board coverage.
3. I acknowledge that performing volunteer activities may involve certain elements of risk or the chance of an accident and I hereby release Spruce Lodge and its elected officials, officers, employees and agents and their respective successors, assigns, heirs, and executors from all claims for loss, damage, or injury, except for that which is caused solely by the negligence of Spruce Lodge, its employees, or its agents.
4. I will abide by all applicable Spruce Lodge policies and rules, as may be amended from time to time, and will follow all instructions of the appropriate Spruce Lodge management staff person in carrying out the volunteer activities.
5. I will not use facilities, equipment and property owned by Spruce Lodge without the approval of a Spruce Lodge management staff person.
6. I will not use facilities, equipment and property owned by Spruce Lodge for personal purposes.
7. I will immediately notify the appropriate Spruce Lodge supervisor of any incident that involves property damage or personal injury to myself or others during my volunteer duties.
8. Either Spruce Lodge or myself may terminate my 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.
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your application. The Volunteer Coordinator will contact you to discuss volunteering opportunities. If you would like further information, please call: 519-271-4090 x 2257.**

**OFFICE USE ONLY (to be completed by staff)**

Date of interview: MM\_\_\_\_DD\_\_\_\_YR\_\_\_\_ Volunteer Position: \_\_\_\_\_

2 Reference Checks completed: # 1: MM\_\_\_\_DD\_\_\_\_YR\_\_\_\_ / # 2: MM\_\_\_\_DD\_\_\_\_YR\_\_\_\_

Police Check/Vulnerable Sector Check completed: MM\_\_\_\_DD\_\_\_\_YR\_\_\_\_

Date of start of service: MM\_\_\_\_DD\_\_\_\_YR\_\_\_\_ Length of Service: \_\_\_\_\_

Date of end of service: MM\_\_\_\_DD\_\_\_\_YR\_\_\_\_ Reason: Unknown  Moved  Illnes  Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth day: \_\_\_\_\_ Present Occupation: \_\_\_\_\_

Category:  Youth  Adult  Senior

**When you are available to volunteer?**

Weekday  Weekends  Occasionally  Mornings  Afternoons  Evenings

Winter  Spring  Summer  Fall  Other: \_\_\_\_\_

**Which volunteer activities interest you?**

Activities  Montessori Methods for Dementia Volunteer

Bingo  Odd jobs, Maintenance

Café and Refreshments  Palliative Care

Computer/office Work  Social/Teas

Friendly Visiting  Special Event Volunteer

Gardening  Woodland Towers Corner Store

Librarian  Other: \_\_\_\_\_

Musical Entertainment  \_\_\_\_\_

**Why you are interested in volunteering at Spruce Lodge?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there anything you personally hope to achieve through volunteering?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe any relevant work, volunteer experiences, skills, hobbies or interests.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the Volunteer Program?** \_\_\_\_\_

### Volunteer Reference Release

In the interest of client safety and to facilitate appropriate volunteer placements all volunteers are required to submit a minimum of two references, indicating personal or professional.

I \_\_\_\_\_ authorize Spruce Lodge to contact the following people to furnish any relevant information they may have concerning my suitability as a volunteer at Spruce Lodge.

Name & Title of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Title of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact Information

It is important that accurate records are kept for use in the event of an emergency. Please provide us with an emergency contact name and daytime phone number.

Contact Person: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Based on the volunteer position and duties, would you like to identify any health conditions or allergies, (i.e. bee stings) that could assist staff in responding to a personal health emergency or to protect your safety or the safety of others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Photographic Release

I hereby give my permission to Spruce Lodge for the use of my picture, taken by a photographer employed by Spruce Lodge, in any promotional material including, advertising, brochures, publications, 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 that these materials will be used by Spruce Lodge or its agents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Promise of Confidentiality

I \_\_\_\_\_ acknowledge that I am aware that some of the information that I will handle or have access to in the course of my work as a volunteer of Spruce Lodge is confidential. I further acknowledge that some or all of the information that relates to clients or employees of Spruce Lodge or members of the public is confidential under the law, and is required to be kept confidential to protect the privacy of individuals to which the information relates.

AND I PROMISE THAT I will not disclose, communicate or convey or allow to be disclosed, directly or indirectly to any person who does not require such information in the course of their duties for Spruce Lodge or with Spruce Lodge, any private or confidential information whatsoever, obtained by me in or about the performance of my duties as a volunteer Spruce Lodge.

AND I FURTHER PROMISE THAT I will not allow any person or persons not entitled by law to such information, to inspect or have access to any written statement, departmental record, roll, correspondence, plan, computerized record, document or any other paper of a private or confidential nature, and I will conscientiously endeavour to prevent any person or persons not entitled from inspecting or having access to any such confidential information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Personal information on this form is collected under the authority of the Long Term Care Homes Act (2007) and will be used to maintain volunteer records, to make placements and to compile a mailing list for Spruce Lodge.

Questions regarding this collection should be forwarded to the Coordinator of Volunteer Services, Spruce Lodge, 643 West Gore St., Stratford, ON, N5A 1L4. (519) 271-4090 x 2257.

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**NOTE:** This form must be completed and signed by the volunteer **before** being accepted by Spruce Lodge for volunteer activities. The original is to be retained by the supervisor along with the signed *Promise of Confidentiality*, with a copy of each to be given to the volunteer.

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