



AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

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This Agreement is made, by and between the Township of Essa, County of Simcoe, hereinafter referred to as the "Township" and _____ hereinafter referred to as the "Volunteer."
(print name)

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the Township in providing volunteer opportunities, and to create an understanding between the Township and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the Township, including but not limited to, practical work experience, recreational programs, senior programs.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant Township policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the Township and the Volunteer. The Township shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the Township giving me permission to perform these volunteer services, I understand that: *(Please initial the following)*

_____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ If I bring any child(ren) with me under 14 years of age, I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the Township harmless from any and all such related claims against the Township.

_____ I will abide by all Township policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment, Confidentiality

_____ Should an injury occur during the scope of my service the Township must be notified promptly.

_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to _____.

_____ WSIB benefits are not available to the volunteer through the Township's coverage.

RELEASE AUTHORIZATION FOR STILL PHOTOGRAPHY AND/OR VIDEO IMAGE:

I consent to the use of my photograph and/or video image in any brochure, publication and/or website produced by the Township of Essa. I understand this is on a voluntary basis and I will not be compensated for the use of my image. I understand and agree that the photographs or images will become publicly available for viewing and the Township of Essa will not be held responsible for improper use of the images downloaded from the Township Web site or from brochures or publications. I further understand that photographs and videotape become the property of the Township of Essa.

TERMINATION: I understand that I or the Township may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a Township Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the Township's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of Township facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the Township, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that the Township is self insured and (WSIB) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the Township are afforded the same coverage as Township employees under the Township's liability coverage with WSIB. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the Township or WSIB.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20 _____.

By: _____
Township of Essa

Volunteer's Signature

Address

City/State/Postal Code

Phone

Parental Consent Required for All Minors Under 18 Years of Age

Parent/Legal Guardian (*Please Print*)

Signature of Parent