**VOLUNTEER INTAKE FORM**

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| --- |
| DATE: |
| NAME OF VOLUNTEER: |
| DATE OF BIRTH: |
| EMERGENCY CONTACT (NAME, RELATIONSHIP, PHONE): |
| EMAIL (to confirm receipt of this form): |
| ADDRESS: |
| Street: |
| City: |
| Province: |
| Postal Code: |
| PHONE (circle preferred): |
| (H) |
| (W) |
| (CELL) |
| ORGANIZATION/AFFILIATION: |
| **VOLUNTEER AREAS OF INTEREST (Check all that apply):** |
| Events (Planning/Set Up/Staffing) |
| Photography/Videography (On sites & Special Events) |
| Office / Clerical |
| Calendar Booking/Appointments |
| Social Media |
| Web Design/Graphics |
| Filing/Organizing |
| Call/Schedule Volunteers |
| Data Entry |
| Answering phones |
| Copying |
| Mailings |
| Other (please specify) |
| AVAILABILITY: |
| HOW DID YOU LEARN ABOUT YOUR NEW LEAF? |
| REFERRAL SOURCE: |
| ADDITIONAL COMMENTS: |
| Relevant Work/Volunteer Experience (please attach current resume and include LinkedIn, social media, etc.): |
| My biggest strength is: |
| My biggest weakness is: |
| References: |

**Release and Waiver of Liability**

**PLEASE READ CAREFULLY THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS**

This Release and Waiver of Liability (the “Release”) is executed on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the “Volunteer”), in favour of Your New Leaf, its employees, volunteers, and clients (collectively, the “Released Parties”). I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

**Release and Waiver:** I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers. I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

**Medical Treatment:** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise because of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties. If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the “Guardians”) also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

**Assumption of Risk:** I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

**Insurance:** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

**Photographic Release:** I, the Volunteer, do hereby grant and convey unto Your New Leaf, all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

**Other:** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state/province where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right. To express my understanding of and agreement with this Release, I sign here with a witness.

**Confidentiality:** All information that I, the Volunteer, have access to because of my Activities with Your New Leaf is confidential and will not, except under circumstances explained below, be disclosed to anyone outside of Your New Leaf unless the Client has give written authorization to release information (or in the case of a minor the parent or legal guardian). Any physical documents or records do not leave the possession of Your New Leaf.

However, there are exceptions and/or limitations to confidentiality. The following are some exceptions that allow or require the release of confidential information, without client consent. Examples include:

• In cases of immediate risk/threat of suicide or homicide on the part of the client.

• In cases of child or elderly abuse or neglect.

• In cases required by law or court subpoena.

If you have concerns about a client, please share your concerns solely with Daisy-Mae Hamelinck to act upon as needed.

Initial \_\_\_\_\_

Volunteer: Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer (or Guardian if Volunteer is under 18 years of age):

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

Address:

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

Phone:

(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:

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

Witness Name (please print):

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

Signature:

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