

Agreement, Release and Waiver

I, _____ understand that I will be volunteering for the City of
(Please print name)
Toronto, Parks Forestry and Recreation for the specified period of _____ from _____ to
(Duration) (Date)
_____, and that during this time I will be under the direct supervision of a staff member from the
(Date)
City of Toronto, Parks, Forestry and Recreation.

As a volunteer, I fully understand and agree with the following:

- That I will not receive remuneration, salary, wage, payment or any employee benefit whatsoever, or be covered by Workers' Safety and Insurance Benefits.
- That except as authorized, I will not use the City's facilities and equipment.
- In consideration of being permitted to participate as a volunteer, I agree to assume all risk of loss or injury, including death to myself or damage to my property while on any of the premises of the City of Toronto and elsewhere resulting directly or indirectly from my activities and performance as a volunteer. In the event that I am injured and my next of kin cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal.
- That I release the City of Toronto and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from or be in any way connected to my participation as a volunteer for the City of Toronto. I understand that this release applies to both present and future injuries and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.
- That in the course of participating in the volunteer/placement program, I may be in receipt of confidential information including but not limited to client identities, materials, records, memoranda, data and results pertaining to, arising from or containing particulars of confidential information. I agree that I shall not at any time while I am providing volunteer/placement services for the City of Toronto or at any time after those services are completed, disclose to anyone such confidential information, except as may be required or permitted by law or at the request of the City of Toronto or as required to perform the volunteer/placement services.
- That all material prepared by me, in the performance of my volunteer/placement services, including copyright therein, shall become the sole property of the City of Toronto. I waive any moral rights I may have with respect to all material prepared pursuant to this Agreement in favour of the City of Toronto and any of its assignees and licensees.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE CONDITIONS, RELEASE AND WAIVER.

Signed at _____ this _____ day of _____, year 20_____.
(Place) (Date) (Month) (Year)

(Volunteer Signature)

(If under 16 years of age, Parent/Guardian Signature)

(Address)

(Phone number)

Notice of Collection

The personal information on this form is collected under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, ss. 8(1) and 136(c). The information is used to place volunteers. Questions about this collection can be directed to the Staff Support Manager, City of Toronto, Metro Hall 24th Floor, 55 John Street, Toronto, Ontario, M5V 3C6, or by telephone at 416-397-5341.

Emergency Contact

Please provide us with an emergency contact name and phone number in the event of an emergency. Please complete this form and return it directly to your Volunteer Supervisor.

Volunteer Contact Information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City		Province	Postal Code
Telephone Number	Mobile Number	Email	
Work Location		Volunteer Supervisor	

Emergency Contact Information

Emergency Contact's First Name	Emergency Contact's Last Name
Relationship to Volunteer	
Emergency Contact Telephone Number	Emergency Contact Alternative Number

Signature	Date (yyyy-mm-dd)
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If under 16 years of age, we require a parent/guardian signature

Parent / Guardian Signature	Date (yyyy-mm-dd)
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