

# VOLUNTEER REGISTRATION AND ACKNOWLEDGEMENT

(PLEASE PRINT ALL INFORMATION)

Name of Volunteer: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Volunteer Duties (Describe Briefly):

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

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## IMPORTANT INFORMATION FOR VOLUNTEERS

**Thank you for volunteering with the University of Northern British Columbia. The University recognizes that your volunteer contribution enhances the University's programs and activities, and wants to ensure that your volunteer experience is safe and rewarding.**

**As a registered volunteer you are included as an "additional insured" on the University's general liability insurance policy. This means that while properly carrying out your volunteer responsibilities you are insured against liability claims.**

**Please note that the University does not insure personal vehicles or property for either employees or volunteers. Volunteers who will be driving their own personal vehicles on University business are urged to contact their insurance broker to ensure that they have adequate personal insurance.**

**BRITISH COLUMBIA Freedom of Information and Protection of Privacy Act (FOIPP):** By signing below, I consent to having the information in this document collected by the Risk Management and Safety Office. The personal information requested on this form is collected under the authority of Universities Act and Section 32(c) of the FOIPP Act to determine participation as a Volunteer for the above named department. Certain personal information may be made available to federal and provincial departments and agencies under appropriate legislative authority. Personal information is protected under the British Columbia FOIPP Act. For further information, contact Risk Management and Safety, University of Northern British Columbia, 3333 University Way, Prince George, British Columbia, Canada, V2N 4Z9, (250) 960-5020.

I, \_\_\_\_\_ understand and agree with the following conditions concerning services performed by me as a Volunteer:

**It is understood that Volunteers are not covered by the British Columbia Workers' Compensation Act.**

It is understood that if a Volunteer is injured while performing services on UNBC premises, the University will provide, at the time of injury, reasonable emergency first aid for that injury without charge, regardless of apparent fault; and it is also understood that the provision of emergency medical service does not constitute an admission of liability on the part of UNBC.

This release is intended to discharge the University of Northern British Columbia its Board Members, officers, employees and volunteers from and against any and all liability arising out of or connected in any way with my participation in the activity, and accept that liability which may arise out of the negligence, or carelessness on the part of the University or persons mentioned above.

I further understand that accidents and injuries can arise out of the activity; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the University and persons mentioned above, who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with the University of Northern British Columbia and that I am not entitled to receive a salary or any employee benefits. I understand that either the University or I may terminate this volunteer relationship at any time without notice.

I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering at the University and I agree that I will not disclose any information without the prior written authorization from the University of Northern British Columbia. I understand that my obligation of confidentiality continues into perpetuity.

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless UNBC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any liability or claim that the Volunteer may have against UNBC with respect to any bodily injury, personal injury, illness, death, property damage or property loss that may result from Volunteer's Activities with UNBC, whether caused by the negligence of UNBC or its Officers, directors, employees or agents or otherwise. Volunteer also understands that UNBC does 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 or illness.

Completed on \_\_\_\_\_(day)\_\_\_\_\_(month)\_\_\_\_\_(year)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of Parent or Guardian (If under 19 years)

\_\_\_\_\_  
UNBC Supervisor

\_\_\_\_\_  
Name of Parent or Guardian (If under 19 years)