

## Event Volunteer Application Form

**Check all that apply:**

Hike For Hospice     Handbags for Hospice     Lights of Love     Gardening Event

### Volunteer Personal Information (Please Print)

Last Name

First Name

Address

City

Postal Code

Phone

Email

### Emergency Contact Information (Please Print)

Name **(mandatory)**

Emergency Contact Phone

Would you be interested in helping at future events?

Do you consent to us emailing you about future event volunteer opportunities?

Is this your first time volunteering at a Hospice Waterloo Region Event?      Yes      No

### Event Requirements

- Dress for the weather
- Wear comfortable shoes
- Volunteers must be 14 years of age or older
- Attending orientation date prior to event
- **Youth volunteers must have a parent or guardian sign off on media release and confidentiality forms before volunteering**

Are you under the age of 18 (youth volunteer)? If yes, please provide birthdate:

Do you agree to the above requirements?

Date



Hospice Waterloo Region  
100 Solstice Way  
Waterloo, ON Canada N2K 0G3  
Telephone: 519.743.4114  
Fax: 519.743.7021

## Photographic & Media Release Form

I hereby grant the Hospice of Waterloo Region permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. The photo will be used solely for the purposes of promoting Hospice of Waterloo Region, its programs and services, fundraising efforts, and in any other promotion it deems suitable. Hospice of Waterloo Region will use the photo in a responsible manner.

I understand and agree that all photos will become the property of Hospice of Waterloo Region and will not be returned.

I hereby irrevocably authorize the Hospice of Waterloo Region to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Hospice of Waterloo Region all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I agree to have my photograph taken            YES            NO

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW ON THIS DATE OF (MM/DD/YY). I ACCEPT:**

Name of Volunteer (Please Print)

Name of parent/guardian (if under age 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent/guardian if applicable



# Hospice Waterloo Region

## Confidentiality & Protection of Privacy Agreement For Volunteers

### Code of Confidentiality

Hospice of Waterloo Region considers confidentiality of information to be of the utmost importance. Information received during your association with Hospice of Waterloo Region must not be repeated. Names, addresses, phone numbers, emails and other circumstances or individuals encountered are all privileged information. Everyone working or volunteering with Hospice of Waterloo Region must sign a confidentiality agreement.

In the course of your association with Hospice of Waterloo Region, you may learn intimate, personal facts about other volunteers, clients, donors, board and staff members, and others associated with Hospice Waterloo Region. This information must be kept confidential or within the confines of Hospice.

#### **DECLARATION: Protection of Confidential Information**

I acknowledge that I am aware of the confidential nature of information concerning clients, donors, volunteers, board and staff members or others associated with Hospice Waterloo Region. Whether or not such confidential information was made available to me in the standard performance of my duties, or occasionally and inadvertently, confidentiality will be respected.

I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal, or other misuse.

I also understand that confidential information which shall be disclosed to me, or which may come to my knowledge may not be divulged either during or after my association with Hospice Waterloo Region.

I do understand this pledge extends beyond the life of clients and is always in effect to protect the privacy of the remaining family members.

***I understand that ANY breach of this confidentiality agreement will result in the immediate cessation of my association with Hospice of Waterloo Region.***

#### **PRIVACY STATEMENT**

Your privacy is important to us. We do not sell or rent your personal information to third parties for any reason. We may publish your name and use your information to send you information about events, programs and services of Hospice of Waterloo Region.

As a volunteer, I consent to my email being shared with Hospice of Waterloo Region and to Hospice contacting me by email. Please contact us at 519-743-4114 if you do not wish to have your name published or receive information. I have read this document, understand it, and sign it voluntarily on this date \_\_\_\_\_ (mm/dd/yy)

\_\_\_\_\_  
Name of Volunteer (Please Print)

\_\_\_\_\_  
Name of parent/guardian (if under age 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent/guardian if applicable