



624 Annette St
Toronto, ON M6S 2C4
(416) 762-3322

info@sharingplace.ca

Volunteer Application Form

Name: Mr./Mrs./Ms. _____
(Optional) (First Name) (Initial) (Last Name)

- Student
- Employed
- Other
- Retired

E-mail: _____

Address: _____
(Number Street) (Unit/Apt.) (City) (Postal Code)

Phone (): _____

Emergency Contact: _____
(Name) (Relationship) (Phone)

Available: ___ Tuesday Morning ___ Thursday Morning ___ Thursday Evening

Skills & Interests: _____

WAIVER: Please read carefully before signing.

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected. As a volunteer, I may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All records are the property of the Sharing Place and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality.

I grant the Sharing Place permission to use any photographs or videotape images of me taken in the course of my involvement.

I waive and release any and all claims for myself, my heirs, executors and administrators against the Sharing Place, from any and all claims or liability for death, personal injury or property damage of any kind however caused, including any claim or liability arising from the negligence of the Sharing Place, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release and Waiver extends to all claims, foreseen or unforeseen, known or unknown.

By signing below, I acknowledge that the information provided is true and accurate, and that I have read, understand, and will abide by the agreement above.

Signature

Date