



Volunteer Lethbridge Association Volunteer Enrollment Form

Placement: _____ (Office use)

Name: _____ Date of birth: ____/____/____
(Day) (Month) (Year)

Address: _____
Province Postal Code

Phone: _____
Mobile Home Business

Email: _____

Are you a Post-Secondary Student? If yes, which institution and what major? _____

Yes, I wish to be added to the Volunteer Opportunities email newsletter.

No, I do not wish to be added to the Volunteer Opportunities email newsletter.

Emergency Contact: _____ Phone Number: _____

Please describe any health concerns that we may need to be aware of: _____

All information provided in this application is regarded as confidential. It is collected under the authority of Volunteer Lethbridge Association internal volunteer program and is protected by Alberta's Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions, please contact the Executive Director 403.332.4320. This information below is for statistical purpose only. (If you decide not to provide the information requested below, your eligibility as a volunteer will not be affected.)

Are you a Permanent Resident or Canadian Citizen? Yes No Other: _____

I identify my gender as: _____

Please check if you are: Indigenous/Aboriginal I identify my status as: _____

Member of a visible minority Person with a disability

What is the language you first learned and still speak? English French _____

I have read and agree to the terms of Volunteer Lethbridge's Code of Conduct & Oath of Confidentiality (attached).

I hereby certify that all information included in this enrollment form is true and complete:

Volunteer Signature Date
(Parental/Guardian signature required if volunteer is under 18 years of age)

Volunteer Code of Conduct

I, _____, a volunteer/employee of Volunteer Lethbridge, declare that, in carrying out my duties as a volunteer/employee:

I will perform all assigned tasks to the best of my ability and I will exercise the responsibilities of my job/volunteer description by fulfilling my responsibilities in good faith and in the best interests of Volunteer Lethbridge.

I will exercise these responsibilities, at all times, with due diligence, care and skill in a reasonable and prudent manner.

I will respect and support Volunteer Lethbridge's Policies and Procedures and Code of Conduct & Oath of Confidentiality.

I will not, without undue authorization, disclose or make known any confidential or privileged information that comes to my knowledge by reasons of my service.

I understand the confidential nature of my duties and agree to maintain the strictest confidentiality.

I will conduct myself in a spirit of collegiality, respect the collective decisions and subordinate my personal interests to the best interests of Volunteer Lethbridge Association.

I will immediately declare any personal conflict of interest that may come to my attention.

I will immediately resign my position as a volunteer/employee of Volunteer Lethbridge Association in the event that I, or my supervisor, have concluded that I have breached the Code of Conduct or Oath of Confidentiality.

I agree that each individual deserves courteous attention and respect.

I will not discriminate and/or provide preferential treatment because of race, color, religion, age, gender, sexual orientation, economic status or national ancestry in my service and will attempt to prevent such discrimination from occurring.

Our Vision: A universe of opportunity for vibrant communities.

Our Mission: Volunteer Lethbridge connects and convenes individuals, groups and organizations to champion and leverage capacity across sectors.

Media Consent

I, the undersigned, consent to any photographs or video productions taken of me by agency staff, or representing agencies, may be used by the agency for purposes of electronic and print promotional material, such as the **Volunteer Lethbridge Association** website and social media. Photographs or video productions, taken by **Volunteer Lethbridge Association** and representing agents, may also be shared with community partners. This consent has no expiry date and will only need to be completed once. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I understand that the **Volunteer Lethbridge Association** will be sensitive and careful in the use of the material and that I may withdraw my consent in writing at any time. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement

Yes, I give consent.

NO, I do not give consent.

Name (please print): _____

Parent/Guardian Name (please print): _____

(If volunteer is under 18 years, a PARENT/GUARDIAN must complete this section)

Witness' signature: _____ Date: _____