Town of Calmar
Volunteer Waiver

Name: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Physical and/or Medical Limitations: _____

_____

Emergency Contact

Name: _____ Phone Number: _____ Relation: _____

Volunteer Event/ Program Interest:

_____

Please initial each box to signify you have read, understand, and agree to the below statements.

☐ I, _____, declare that I am at least the full age of 18 years and/or I have parental consent to participate in _____.

☐ Verbal and/or physical abuse including all forms of inappropriate behavior towards residents Volunteers and staff will not be tolerated. The person acting inappropriately will be terminated from volunteering immediately and will not be considered for future programs and/or volunteer opportunities.

☐ I consent to being photographed, or videotaped, by the Town, and authorize this material to be shared with the media.

☐ I will provide a current Criminal Record Check and/or Vulnerable Sector, if applicable.

I, _____ hereby freely and voluntarily agree and
(Printed name)
consent to the terms of Calmar's volunteer program.

Signature (Volunteer): _____ Date: _____.

Office Use Only

☐ Completed Criminal Record and/or Vulnerable Sector Check

Office Signature: _____.

TOWN OF CALMAR

Your personal information is collected by the town of Calmar under Section 4(c) of The Protection of Privacy Act (POPA). It will be used for the purposes it was collected for. Questions concerning the collection and use of information can directly contact CAO Sylvain Losier with the Town of Calmar at SLosier@calmar.ca.