

KidSport™ Volunteer Agreement

Year Started with KidSport™: _____

Last Name: _____ First Name: _____

Address in Full: _____

Home Phone: _____ Other Phone: _____ Fax #: _____

Email: _____ Employer: _____

Shirt size: (Men's) S, M, L, XL, XXL Are you a Canadian Citizen or Landed Immigrant? Yes No

Provide emergency contact information (Name & Number)

Do you have a medical condition or disability that we should be aware of? Yes No

If yes please explain

Are you bondable? Yes No

Would you be willing to drive your vehicle as part of your volunteer assignment? Yes No

If you have previous volunteer experience, what organization did you help?

Have you had any criminal conviction for which a pardon has NOT been granted? Yes No

(Please note: Security reference check will be conducted as required.)

Please read carefully

- I acknowledge and hereby irrevocably authorize that, in the event of me being physically, bodily injured during any of my activities as a KidSport™ Society of Alberta (hereinafter KidSport™ Alberta) volunteer, KidSport™ Alberta shall be permitted to obtain copies of any of my relevant health records as it may request. I shall execute any authorization for Release of Health Records as KidSport™ Alberta considers necessary, and my failure to do so will result in the automatic suspension of any claim I may have. A claim will automatically terminate if I rescind a release.
- I hereby certify that I will make known to KidSport™ Alberta any Criminal Record (other than Traffic Violations) and the details of such conviction(s). Crimes for which official pardons have been granted pursuant to the Criminal Records Act R.S.C. 1970 need not be disclosed.
- I hereby give my permission to KidSport™ Alberta to use my photo when necessary for the purpose of KidSport™ Alberta.
- I hereby release KidSport™ Alberta from all responsibility that may occur as a result of my personal use of an automobile when volunteering for KidSport™ activities.
- I agree to carry out my assigned volunteer tasks in a reasonable and safe manner.
- I am aware of the KidSport™ Alberta policy that breach of confidentiality with respect to KidSport™ Applicants will result in an immediate request for my resignation
- I am aware that if my behavior while on the board is found to be questionable or inappropriate by the majority of the board members, I will be given a verbal warning. Should the behavior persist I will be provided a written warning followed by a request for my resignation.
- I am aware that KidSport™ Alberta provides insurance coverage for me while I perform KidSport™ duties with due care.
- I am aware that any events that I am involved in planning or implementing must be done with safety precautions in place and handled with due care.
- The personal information on this form will only be collected and shared under the authority of the Freedom of Information and Protection of Privacy Act (FOIP) of the Province of Alberta, Section 32(c) and 33(1) (b2) and the Canadian Immigration Act Section 96.1-3. The purpose of collecting this information includes: determining eligibility for volunteer opportunities, programs, services, and recognition, to facilitate your registration process, to administer and evaluate our volunteers and programs, statistical purposes and to activate the Volunteer Accident Insurance coverage. This information may be shared with other volunteers and volunteers' supervisory staff.

Signature of Volunteer: _____ Signature of Witness _____

Name of Volunteer (printed) _____ Name of Witness (printed) _____

Signature of parent of legal guardian (if under 18) _____

Date: _____