

**Institutional Compliance**

403.320.3361

compliance@lethbridgecollege.ca

3000 College Dr S, Lethbridge, AB T1K 1L6



## Volunteer Agreement

**PRIVACY NOTICE:** The personal information requested on this form is collected under subsection 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for the purpose of documenting your agreement to the agreement terms. It may be disclosed to external agencies, and used by the college and external agencies, for this purpose or for a consistent purpose. If you have a question about the collection, disclosure, use or protection of this information, please contact the college's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing [privacy@lethbridgecollege.ca](mailto:privacy@lethbridgecollege.ca), or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.

**What this form is for:** This form is to be completed by everyone who is at least 16 years old and is volunteering for the college. You cannot volunteer for the college if you are under 16 years old.

**Instructions:** After the supervisor has completed their section, the volunteer is to complete theirs and return it to the supervisor. The supervisor must ensure that other applicable forms are completed (e.g. a Driver Declaration if the volunteer will be driving on college business), and must contact Occupational Health and Safety (ext. 3413) to determine if the volunteer requires safety training.

**Retention:** This form is to be stored by the supervisor's department for 10 years from the engagement end date. The supervisor must provide a copy of the completed form to Institutional Compliance.

Supervisor's section	
First and last name	
Employee ID	
Department	
Engagement start date (YYYY/MM/DD)	
Engagement end date (check one)	<input type="checkbox"/> known date: <input type="checkbox"/> no known end date / indefinite engagement
Event description, including tasks to be performed by volunteer and where they are to be performed	
Average number of volunteer hours / month	
Maximum number of volunteer hours / month	

Volunteer's section	
First and last name	Employee or student ID (if applicable)
Phone number	Email address
Current address (e.g. 3000 College Dr S, Lethbridge, AB)	
Emergency contact first and last name	Emergency contact relationship to me
Emergency contact phone number 1 (required)	Emergency contact phone number 2 (optional)

In consideration of being allowed to volunteer for the college, I acknowledge and agree:

1. that I am not entering into an employment or contractor relationship with the college and I am not entitled to receive compensation of any kind for my volunteer work;
2. that I or the college may terminate our volunteer relationship at any time, for any reason, upon giving notice;
3. that my duties and responsibilities as a volunteer have been clearly explained to me;
4. that I will refuse to do any work that is unsafe and will report unsafe conditions to my supervisor;
5. that the college carries Workers' Compensation Board coverage for volunteers' benefit in accordance with Alberta Workers' Compensation Act that establishes employers, workers and volunteers rights, responsibilities and limitations of liability;
6. that I will follow the directions of my supervisor, other college employees, and those who are authorized to give me instruction as a volunteer;
7. that I am subject to college policies and procedures, available at <http://www.lethbridgecollege.ca/about-us/policies-procedures>, and will act accordingly;
8. that if I will be driving on college business, I have read the Driving on College Business Standard Operating Procedure and completed the forms referenced in it;
9. that I will preserve the confidentiality of information that comes to my knowledge or comes into my possession through my volunteer work, even after my relationship with the college ends;
10. that I freely accept and fully assume the risk of bodily injury and of loss or damage of my personal property from theft, vandalism, fire, water damage or other means, arising out of my engagement as a volunteer;
11. that I will monitor myself for flu-like symptoms such as fever, cough, runny nose, nausea, sore throat or muscle aches. If I begin to feel unwell I will advise my college supervisor, stop volunteering and go home or attend to medical help immediately;
12. that I understand that it is my responsibility to notify my supervisor if I am self-isolating, am in quarantine, or am not fit for work;
13. that while on campus, I will practise good hand hygiene and use personal protective equipment ("PPE") if my supervisor asks me to (in that case, PPE will be supplied).

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Volunteer's signature

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Date signed (YYYY/MM/DD)