

The Olive Tree Community Centre

Volunteer Information Sheet

Date: _____ Birth Date: _____
Month/Day/Year

Name: _____

Address: _____

City/Postal Code: _____

Would you like to receive

E-mail: _____

our newsletter?

Phone: _____

Yes No

Do you want to volunteer during the free community meals, seniors luncheons or another outreach activity?

What days and times are you available?

Do you want to serve in the kitchen or visiting with guests?

What is your goal in volunteering with The Olive Tree?

Do you have any special talents or gifts you feel you would be able to serve here with?

Reference (Professional)

Name: _____

Phone No. _____

Relationship: _____

Reference (Personal)

Name: _____

Phone No. _____

Relationship: _____



CONFIDENTIALITY STATEMENT

Confidentiality is central to the work that we do. As a volunteer, employee, or board member we have access to highly sensitive personal information regarding the people we are reaching out to. In order to maintain an attitude of protectiveness, everyone on the team is bound by strict confidentiality.

I _____ understand that serving at The Olive Tree Community Centre will bring me in direct contact with information that is confidential in nature. I agree not to share any of this information with anyone outside of The Olive Tree.

In addition, I understand that for the benefit of the people I am helping I will from time to time need to share information with my supervisor or executive team members, and in some cases, a pastor or leader from my local church in order to receive input and direction valuable to the recovery of the people I am ministering to.

Violation of this policy would betray the trust of the very people I am here to minister to and may result in my being asked to stop volunteering at The Olive Tree Community Centre.

Signature

Date



Consent, Release and Hold Harmless

As used below, "OLIVE TREE" shall mean THE OLIVE TREE COMMUNITY CENTRE, a not-for profit organization, and its officers, directors, employees, assigns, and agents (including any third party designated and approved by the OLIVE TREE at any time, including, without limitation, individuals or entities involved in print, publication, television, broadcast, or video media. As used below, "participant" shall mean any volunteer or other individual involved in an OLIVE TREE event. In consideration of the acceptance of my participation in any OLIVE TREE outreach, meeting or event (collectively, the "Event"), I agree to the following:

The undersigned being fully cognizant of the risks in participating in an Event, hereby assumes the risks of bodily injury (including, without limitation, death) and property damage, inherent in such participation. Except to the extent due to the gross negligence or willful misconduct of the OLIVE TREE, to the fullest extent permitted by applicable laws, I hereby waive any claims or causes of action which I may now or hereafter have against the OLIVE TREE arising out of my participation, and I will indemnify and hold harmless the OLIVE TREE against any and all claims resulting from such participation.

I hereby release the OLIVE TREE and its respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses (including, without limitation, attorneys' and other professional fees and expenses) that I may now or hereafter have against the OLIVE TREE arising in connection with my participation in the Event and the OLIVE TREE exercise of rights hereby granted, including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

In the event I should sustain injuries or illness while involved in an Event, I hereby authorize the OLIVE TREE to administer, or cause to be administered, such first aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of the OLIVE TREE's choice.

This Release shall be binding upon my heirs, personal representatives and assigns, and shall be governed by and construed under the laws of the Province of Alberta and the Province of Saskatchewan. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to the subject matter.

I understand that this form involves a release of legal rights.

Signature _____ Date: _____

Name (Please Print)

City

State

Postal Code

Phone