



CATFISH CREEK CONSERVATION AUTHORITY
8079 Springwater Road, Aylmer, Ontario N5H 2R4
Phone: 519-773-9037 • Fax: 519-765-1489

Email: communications@catfishcreek.ca • Website: www.catfishcreek.ca

VOLUNTEER AGREEMENT / RELEASE AND WAIVER FORM

I, _____ in agreeing to volunteer for the Catfish Creek Conservation
(please print full name)

Authority (CCCA) to perform the duties of: _____,

fully understand and agree to the following:

1. That I will not receive any remuneration, salary, wage or any other employee benefit whatsoever, or be covered by the Workplace Safety and Insurance Board;
2. That I will not use facilities and equipment or divulge or make any use of confidential information, except as authorized; any breach in this policy or any evidence of unsatisfactory service will result in immediate termination by CCCA;
3. That If I no longer wish to be a volunteer, or if CCCA no longer has need of my services, as much notice as possible will be given by either party, in writing if possible;
4. Upon my acceptance as a volunteer worker for the CCCA, I hereby release, waive and forever discharge the Catfish Creek Conservation Authority, including its Board of Directors and Committees and all respective agents, officials, officers and employees of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury or damage to my person or any property howsoever caused, arising or to arise by reason of my participation as a volunteer worker for the CCCA and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid;
5. That if I will be required to drive an CCCA vehicle, I will provide proof of automobile liability insurance; I will complete a driver's record search with the cost of the driver's record search paid by CCCA; an updated driver's record search shall be required every five (5) years or sooner if determined by CCCA;
6. That I will agree to complete a criminal reference check if my position is in a "non-public setting" or a position of trust with all costs paid by the volunteer; an updated criminal reference check shall be required every five (5) years or sooner if determined by CCCA;
7. That I will agree to have my photo taken while performing in the volunteer position and allow CCCA to use the photographs for publications, exhibits and broadcasts.

BY SIGNING THIS FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE CONDITIONS, RELEASE & WAIVER

Signed at _____ this _____ day of _____, 20 _____.

Name (please print):

Signature:

CCCA Representative:

Parent / Guardian signature – if volunteer is under the age of 18 years of age

The personal information contained on this form is used for administrative purposes only. Your information remains confidential and will not be shared with third parties

Original: Administration

Copy: Volunteer



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VOLUNTEER APPLICATION FORM

First Name			
Last Name			
Home Phone Number		Work Phone Number	
Email Address			
Mailing Address			
City/Town			
Province			
Postal Code			
List Allergies / Health Issues			
Driver's License # (if applicable)			
Emergency Contact Name		Relationship	
Emergency Contact Phone #		Physician's Name	

Which areas of volunteer work are of interest to you?

- Tree Planting Maintenance
 Education Programs Surveying
 Campground Cleanup Special Event Staff (e.g. sales)
 Other _____

Proposed Start Date: _____

Proposed Final Date (maximum year-end): _____

I attest that I am physically able to perform the volunteer duties described to me, and have read and understand the above information.

If required, I authorize CCCA to obtain a copy of my 3-year Driver's Abstract from the Ontario Ministry of Transportation for the purpose of verifying my eligibility to operate a CCCA owned vehicle.

Signed at _____ this _____ day of _____, 20 _____.

 Volunteer Name (please print):

 CCCA Representative:

 Parent / Guardian signature – if volunteer is under the age of 18 years of age

The personal information contained on this form is used for administrative purposes only. Your information remains confidential and will not be shared with third parties

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CCCA OFFICE USE ONLY

Volunteer Name: _____

Volunteer Duties: _____

Date Started: _____

- CCCA Volunteer Agreement / Release and Waiver Form
- Driver Record Search _____ (date completed) (if required)
- Copy of Driver's License _____ (date completed) (if required)
- Proof of Automobile Insurance _____ (date completed) (if required)
- Criminal Record Search _____ (date completed) (if required)
- CCCA Personnel Policy _____ (date reviewed with volunteer)
- If checked on Pg 2, Ask about medications, disabilities, allergies that we should be aware of;

Date asked about medications, disabilities, allergies _____

Notes about medications, disabilities, allergies _____

CCCA Representative: _____

Date: _____