

# VOLUNTEER FORM

## FOR YOUTH 14-18 YEARS OLD



Thank you for your interest in volunteering with Hillcrest Centre! Without the support of incredible and dedicated volunteers, we would not be able to offer all of the services that we do within the community. We are committed to creating meaningful and safe opportunities for volunteers and expect that all volunteers commit to acting as a representative of Hillcrest and engage with the public, staff, and other volunteers with respect and integrity. **Please complete this Volunteer Form and return a signed copy to the Community Youth Worker (see back page for more info). All applicants will be contacted to attend a mandatory Volunteer Orientation prior to starting their volunteer role (check our seasonal program guide for next orientation date).**

### VOLUNTEER ROLE

(to be completed by volunteer's parent/legal guardian)

I, \_\_\_\_\_

am the parent/legal guardian of:

FULL LEGAL NAME OF VOLUNTEER

who is volunteering for programs & services located at:

Riley Park Hillcrest Community Association (Hillcrest Centre)  
(the "Program").

I know and accept that, in respect of my child's participation as a volunteer in the Program, my child is not and will not become an employee or agent of the City and neither I nor my child are or will be entitled to any compensation or benefits of any kind.

### VOLUNTEER DUTIES

In my child's volunteer role with the Program, I and my child understand that my child's duties are to: actively participate in assigned volunteer placements with the City under the oversight of City staff, comply with all applicable City policies and procedures, and carry out assigned functions as directed by the volunteer coordinator.

### WAIVER

In consideration for my child being permitted to participate as a volunteer in the Program, I hereby:

1. waive any and all rights I may have now or in future to make or in any way advance directly or indirectly as against the City and/or any of its officials, officers, employees, agents, volunteers or boards, including, without limitation, the Vancouver Board of Parks and Recreation, the Vancouver Police Board and the Vancouver Public Library Board and/or any of their directors, officials, officers, employees, agents and/or volunteers and/or any societies, associations and/or any other organizations associated or affiliated with the City or any of those Boards in any

way in connection with the Program and any of their directors, officers, employees, agents and/or volunteers (all, collectively, the "City Group"), any complaints, claims, actions or suits of any kind arising from or in connection with my child's participation as a volunteer in the Program;

2. release and forever discharge the City Group from any and all liability for any and all losses, damages, injuries, harm or expenses of any kind I may suffer, incur or experience in any way arising from or in connection with my child's participation as a volunteer in the Program;
3. will indemnify the City Group for and hold it harmless from any and all losses, injuries, damages or harm that it may suffer, incur or experience and will indemnify the City Group for and hold them harmless from any and all claims against them or any of them for any losses, injuries, damages, harm or expense suffered, incurred or experienced by anyone else arising from or in connection with my child's participation as a volunteer in the Program.

### CONSENT FOR USE OF PHOTOGRAPHY

By checking this box, I hereby grant to the City, without any further consideration of any kind to me or my child, the unrestricted right to make photographs, film, video and/or digital or other recordings containing images of and/or sounds made by me or my child in connection with my child's participation in the Program and the unrestricted right in perpetuity to keep, copy, use, publish, display and/or broadcast the resulting images of and/or sounds from me and my child, in any way, at any time and by any means the City might choose, for the purpose of in any way publicizing and/or promoting the Program and/or the City.

If you choose not to consent to use of photography or other types of recording, please inform your child's volunteer coordinator of your decision.

### CONSENT FOR COLLECTION OF PERSONAL INFORMATION

I hereby consent to the collection of my child's personal information as requested in this Volunteer Form for the sole purposes of coordinating my child's volunteer activities in connection with the Program and contacting my child about future volunteer opportunities. I understand further that my child's personal information, once collected by the City, will be handled by the City in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act* (British Columbia).

The City of Vancouver collects personal information under the authority of s. 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection of this personal information, please contact the Director of Access to Information and Privacy at 604-873-7999 or 453 West 12th Avenue, Vancouver, BC V5Y 1V4.

Please complete the table below:

## VOLUNTEER'S INFORMATION

Last Name:

First Name:

Date of Birth (*month/day/year*):

Home Address, City, Province, Postal Code

Home Phone Number:

Cell Phone Number:

E-mail Address:

Current School:

Current Grade:

Please express why you are interested in volunteering at Hillcrest Centre?

Please list any previous volunteer experience:

Do you have any requirements that we need to know about?

## EMERGENCY CONTACT INFORMATION

First and Last Name of Emergency Contact:

Relationship to Volunteer:

Primary Phone Number:

Alternate Contact Phone Number:

I confirm that I have read and accept the contents of this document:

\_\_\_\_\_  
Legal Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### PLEASE RETURN COMPLETED FORM TO:

Myat Pwint  
Program Assistant III -  
Youth Programs  
Hillcrest Centre

For more information about youth  
volunteering, programs,  
resources, or other opportunities  
for youth, please contact  
[myat.pwint@vancouver.ca](mailto:myat.pwint@vancouver.ca)

### FOR OFFICE USE:

Date Received:  
\_\_\_\_\_

Date of Orientation:  
\_\_\_\_\_

Date Entered into Database:  
\_\_\_\_\_