

Volunteer Resources Mission Statement: *The Huntington Society of Canada is a national network of volunteers and professionals working together to find a meaningful treatment for Huntington disease and to improve quality of life for people with Huntington disease and their families.*

TELL US ABOUT YOU		
Last Name	Given Name (name(s) used)	Date
Street Address Apt. #		_ Mr. _ Dr. _ Ms. _ Miss _ Mrs.
City/Town	Province	Postal Code
Phone (home)	Cell	Phone (work)
Email		

HELP US GET TO KNOW YOU BETTER
How did you hear about Huntington Society of Canada?
What motivates you to volunteer your time?
What skills and abilities do you possess that you would like to utilize in your time with us?

WHAT TIME WORKS FOR YOU?							
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Please indicate with a check () when you are available.

I am available to begin: _____ How often each week: _____

PLEASE TELL US ABOUT YOUR EXPERIENCE VOLUNTEERING

Position Title	Agency	When?	Responsibilities
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PLEASE TELL US ABOUT YOUR CURRENT AND / OR PREVIOUS EMPLOYMENT

Present Title & Employer	Responsibilities
Former Title & Employer	Responsibilities

PLEASE TELL ABOUT YOUR EDUCATION HISTORY

Highest grade completed, extra courses, workshops

EMERGENCY CONTACT INFORMATION

Last Name	Given Name (name(s) used	_ Mr. _ Dr. _ Ms. _ Miss __ Mrs.
Street Address	Apt. #	
City/Town	Province	Postal Code
Phone (home)	Cell	Phone (work)

REFERENCES			
Professional (Boss, Co-worker, Teacher)		Personal (Neighbour, friend)	
First Name	Last Name	First Name	Last Name
Title	Relationship to Applicant	Title	Relationship to Applicant
Address	Phone Number	Address	Phone Number

Volunteer Agreement/Release and Waiver Form

Attention: Please read the following very carefully as it affects your legal rights.

I, _____ (Print Full Name), in participating in volunteer activities with the Huntington Society of Canada (“HSC”), fully understand and agree to the following:

1. I will not be participating in volunteer activities in the capacity of an HSC employee or independent contractor.
2. No pay, payment, salary, wage or employee benefits (such as accident/ disability/ medical/ dental or other insurance coverage) whatsoever will be paid to me and I will not be covered by Workplace and Safety Insurance Board coverage.
3. I acknowledge that performing volunteer activities may involve certain elements of risk or the chance of an accident and I hereby release HSC and its elected officials, officers, employees and agents and their respective successors, assigns, heirs, and executors from all claims for loss, damage, or injury, except for that which is caused solely by the negligence of HSC, its employees, or its agents.
4. I will abide by all applicable HSC policies and rules, as may be amended from time to time, and will follow all instructions of the appropriate HSC management staff person in carrying out the volunteer activities.
5. I will not use facilities, equipment and property owned by HSC without the approval of an HSC management staff person.
6. I will not use facilities, equipment and property owned by HSC for personal purposes.
7. I will immediately notify the appropriate HSC supervisor of any incident that involves property damage or personal injury during my volunteer duties.
8. Either HSC or myself may terminate my volunteer activities at any time.

By signing this form:

- I acknowledge that I have read and understood the preceding conditions, release, and waiver; and
- I agree to the preceding conditions, release, and waiver.

Signature: _____ Date: _____

NOTE: Thank you for completing this volunteer application. In order to expedite your application we need to have this form completed and signed **before we are able to utilize your skills and expertise** in a volunteer capacity. This form will be retained by your supervisor along with the signed *Confidentiality Agreement*.

Promise of Confidentiality

The Huntington Society of Canada believes that all staff, volunteers, students and contract workers have an important ethical and legal duty to guard and respect the confidential nature of any information acquired about the Society's clients, donors and prospective donors.

By signing this agreement, all staff, volunteers, students and contract workers acknowledge that any and all information concerning the Society, including information about its clients, donors, prospective donors, to which they will have access is not public, and is confidential in nature. This confidential information includes without limitation, donor lists, memoranda, records, business techniques, conversations, meetings and methods. Such information is of substantial importance to the Society and disclosure could be detrimental to its best interests; therefore staff and volunteers agree not to use this information for their own purposes or to disclose to any person or entity, such information other than in the ordinary and proper course of employment or volunteer work for the Society.

Further, by signing this agreement, you acknowledge your legal and ethical responsibility to understand and comply with the Society's privacy and confidentiality policies, together with an obligation to ensure that confidential information is not divulged to anyone who is not also bound to respect this confidentiality.

I have read this document and agree to comply with the Society's policies concerning the use of confidential information, as set out above.

Name: _____

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

I acknowledge that all the information on this application is true and I give permission for Huntington Society of Canada to verify the information on this application.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is under 18)

Date

Thank you for your interest in volunteering with the Huntington Society of Canada.
Please note that while all applications are reviewed, acceptance is not guaranteed. This application and related information will remain confidential.

Personal information collected on this form will be used to maintain volunteer records and to make appropriate placements within our Volunteer Program. If you have any questions regarding this collection, please contact the Communications Coordinator at 519-749-7063.