



LONG POINT REGION CONSERVATION AUTHORITY

4 ELM STREET, TILLSONBURG, ONTARIO N4G 0C4

Phone: (519) 842-4242 • Fax: (519) 842-7123

Email: conservation@lprca.on.ca • Website: www.lprca.on.ca

VOLUNTEER AGREEMENT / RELEASE AND WAIVER FORM

I, _____, in agreeing to perform duties for the Long
(Please print full name)
Point Region Conservation Authority (LPRCA) as a volunteer in the position 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 except as authorized, I will not use facilities and equipment or divulge or make any use of confidential information; any breach in this policy or any evidence of unsatisfactory service will result in immediate termination by LPRCA;
3. That if I no longer wish to be a volunteer, or if LPRCA 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 LPRCA, I hereby release, waive and forever discharge the Long Point Region Conservation Authority, including its Board 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 LPRCA and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid;
5. That I am covered by the LPRCA general liability insurance coverage in the event of a claim or action against me as a direct result of my volunteer work for the LPRCA. The policy contains exclusions that may limit coverage;
6. That I shall be eligible for a principal sum of \$50,000 in the event of Accidental Death or Dismemberment, an Accident Medical Reimbursement Benefit of up to \$5,000 and Accidental Dental Reimbursement Benefit of up to \$250 while performing the duties of a volunteer worker of Long Point Region Conservation Authority at their express direction;
7. That I will complete a driver's record search, if I will be required to drive an LPRCA vehicle, with the cost of the driver's record search paid by LPRCA; an updated driver's record search shall be required every five (5) years or sooner if determined by LPRCA;
8. 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 LPRCA; an updated criminal reference check shall be required every five (5) years or sooner if determined by LPRCA;
9. That I will agree to have my photo taken while performing in the volunteer position and allow LPRCA to use the photographs for publications, exhibits and broadcasts.

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

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

Name (please print)

Signature

LPRCA 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

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE : (H) _____ (W) _____

E-MAIL: _____

LIST ANY ALLERGIES OR HEALTH CONCERNS: _____

DRIVER's LICENSE #: _____ CLASSIFICATION: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

TELEPHONE # OF EMERGENCY CONTACT: _____

PHYSICIAN'S NAME: _____

SKILLS AND INTERESTS: _____

NOTE: position to be offered only upon receipt of a satisfactory Criminal Record Check by LPRCA Administration.

WHICH AREAS OF VOLUNTEER WORK ARE OF INTEREST TO YOU? _____

PROPOSED START DATE: _____

PROPOSED FINAL DATE (maximum year-end): _____

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

I authorize LPRCA 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 LPRCA-owned vehicle.

Signed at _____ this _____ day of _____, 20_____

Volunteer (Print Name)

Volunteer Signature

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

The personal information contained on this form will be used for to determine suitability for volunteer work at this Authority. Your information remains confidential and will not be shared with third parties.

Original: Administration

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LPRCA OFFICE USE ONLY

VOLUNTEER NAME: _____

VOLUNTEER POSITION: _____

LPRCA LOCATION: _____

DATE STARTED: _____

- LPRCA Volunteer Agreement / Release and Waiver Form
- Driver Record Search _____ (date completed)
- Criminal Record Search _____ (date completed)
- LPRCA Personnel Policy
- LPRCA Safety Manual Acknowledgment Form
- LPRCA Vehicle and Equipment Acknowledgment Form

LPRCA REPRESENTATIVE: _____

Date: _____