



VOLUNTEER AGREEMENT

DEPARTMENT: _____

VOLUNTEER POSITION TITLE: _____

Thank you for your willingness to volunteer at Nipissing University. We are pleased that you are interested in making our students experience the best it can be.

The purpose of this agreement is to provide you with information about some important Nipissing policies, to obtain your agreement to these policies, and to outline your responsibilities as a volunteer for Nipissing University.

Scope of Volunteer Duties (Describe in full - Attach full description if additional space is required):

Duration: _____ **Start Date (year/month/day)** _____ **End Date (year/month/day)** _____

Anticipated Number of Hours: _____ per [] Week or [] Month

As a volunteer with Nipissing University, I agree to the following:

1. I acknowledge that I am free to discontinue services at any time. For clarity purposes, you do not have an employment relationship with Nipissing, and therefore, you are not authorized to act in any way on behalf of Nipissing in business matters, or to bind Nipissing to any agreement.
2. I understand, I am not authorized to speak publicly on behalf of Nipissing. You will receive no wages, salary or other compensation from Nipissing and are not eligible for any benefits, including, but not limited to, vacation pay, paid sick leave, health, disability or retirement benefits, workers compensation, or employment insurance benefits or any other employment benefits of any kind. You must maintain your own health, property, and auto insurance.
3. I acknowledge Nipissing reserves the right to terminate volunteer relationships at any time without cause and at its sole discretion.



4. I acknowledge that, while performing my volunteer duties, I may have access to information that may be confidential. I will observe and comply with the University's rules and regulations respecting confidentiality. I will not disclose or give to any person, institution, or source any information or document that comes to my knowledge or into my possession by reason of my service to the University. This duty to protect confidential information extends beyond the termination of my association with the University.
5. I agree to comply with all rules and regulations of Nipissing University and all Nipissing University policies, all of which are subject to revision from time to time.
6. I agree to complete the following mandatory training courses and provide proof of completion to Human Resources (hrinfo@nipissingu.ca) that are located on the on the Human Resources website (<https://www.nipissingu.ca/departments/human-resources/faculty-and-staff-resources/training>):
 - Accessibility for Ontarians with Disabilities Act (AODA) - Access Forward
 - Accessible Customer Service training - OHRC
 - Ministry of Labour - Health & Safety Awareness Training
 - Occupational Health & Safety Act: Harassment in the Workplace
 - Workplace Hazardous Materials Information System (WHMIS) 2015
7. I agree to obtain a current Criminal Record Check/Vulnerable Sector Check and provide a copy to Human Resources (if applicable).
8. I agree to fulfill the Volunteer Duties and Expectations listed on page 1 of this agreement.

By your signature below, you agree to release and waive any and all claims, demands, or causes of action against Nipissing, its trustees, officers, faculty, students, employees and/or agents that arise from or are connected with the services and/or actions to be performed, including claims for any injury that might be sustained by you in the course of the services to be performed, or any damage to or loss of your property.



I have read, understood, and agree to the above terms and conditions in regard to waiver and release of liability, and confirm that I am signing this document freely, having been fully informed as to its content and implications.

Name of Volunteer (Print): _____ **Signature of Volunteer:** _____

Email Address: _____

Address: _____

Home Telephone: _____ **Cell Telephone:** _____

Emergency Contact: _____ **Relationship:** _____

Telephone: _____

VOLUNTEER IS UNDER 18 YEARS OF AGE

PARENT/GUARDIAN FOR VOLUNTEERS UNDER THE AGE OF EIGHTEEN (18) YEARS MUST READ THIS FORM. PARENT/GUARDIAN PERMISSION IS REQUIRED FOR VOLUNTEER UNDER THE AGE OF EIGHTEEN (18) YEARS.

As parent/guardian with legal responsibility for this volunteer, I acknowledge having read and understood the implications of this volunteer agreement, and I sign this volunteer agreement for and on behalf of the volunteer, and for and on my own behalf, intending to bind the volunteer, myself, and the heirs, executors, administrators and assigns of both of us.

Parent/Guardian Signature

Date

Witness

Date

International Volunteer: If you do **not** have a Canadian Social Insurance Number, please check box and provide Human Resources (hrinfo@nipissingu.ca) with a copy of your valid permit/VISA.

Name of Supervisor (Print): _____

Signature of Supervisor: _____