

## Community Volunteer Action Student Contract

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Student ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Faculty: \_\_\_\_\_ Department: \_\_\_\_\_ Level/Year: \_\_\_\_\_

### Volunteer Group Ranking:

#1 – Group: \_\_\_\_\_ Day/time: \_\_\_\_\_ (weekly/biweekly)

#2 – Group: \_\_\_\_\_ Day/time: \_\_\_\_\_ (weekly/biweekly)

#3 – Group: \_\_\_\_\_ Day/time: \_\_\_\_\_ (weekly/biweekly)

### Regarding my volunteer group placement(s) during the 2009-2010 year:

- I will conduct myself in a respectful, positive, sincere and compassionate manner while volunteering and be respectful of the organization that I am volunteering with.
- I will not attend a volunteer placement while under the influence of alcohol or another intoxicating substance.
- I will serve as a role model for the children or others that I am volunteering with and understand that I am a representative of McMaster University, the Community Volunteer Action and the Hamilton community and will conduct myself accordingly.
- I will use proper discernment in regards to what I share with others about members of my group and the community we serve. I will keep confidential all that is requested to remain so, unless by doing so I risk endangering a minor or vulnerable person.
- I commit to attending each volunteering session for the whole school year (08-09) and I will inform the facilitator of my team of any absences (a min. of 3 days in advance) and any questions or problems. I commit to being punctual.
- I understand that some photographs may be taken during volunteering sessions and I give permission for photographs of me to be used for promotional purposes.
- I understand that I may be required to complete a police check in order to volunteer at the stated location. It is my responsibility to ensure that the police check is completed and given to the volunteer coordinator at the stated volunteer location as soon as possible.
- I understand that Community Volunteer Action is a referral service to agencies in Hamilton, and that Community Volunteer Actio, along with its sponsors and its supporting bodies, are not liable for and do not assume any responsibility for damages or injuries arising out of the actions of the agency, the venue or its patrons.
- I understand that information regarding transportation to and from the volunteer location will be provided by the facilitator of my volunteer team. I understand that transportation to and from the placement is my responsibility and my participation in any ride-sharing arrangement is voluntary.
- I will participate in and contribute to the weekly discussions led by my group facilitator at the end of each volunteer session, reflecting with my group on issues related to volunteering.
- I am aware that I may request a letter of reference from my facilitator following the successful completion of my volunteer experience and that references are granted only for volunteers with no more than 2 absences per term.
- I commit to having fun!

Name of Volunteer: \_\_\_\_\_ Date signed: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Volunteer Placement: \_\_\_\_\_ Day \_\_\_\_\_