

Volunteer Application – For Minors (Up to age 18)

www.northlands.com

| Applicant Information | | | | | | | |
|---|------------------------|------------|---|--|--|--|--|
| Last name First r | e First name | | Middle name | | | | |
| Parent/Guardian's Name | | | Parent/Guardian's phone number | | | | |
| Home address | | | | | | | |
| ity or town Province | | Province | | Postal code | | | |
| Applicant's home phone number | Applicant's cell phone | | e number | Home fax number | | | |
| Email address | il address | | | Have you ever been employed at Northlands (circle one)? Yes No | | | |
| Gender (circle one) | | | Have you volunteered at Northlands before (circle one)? | | | | |
| Female Male | | | Yes | No | | | |
| Are you working? (if yes, please complete the employment section) | Are you | a student? | No | | | | |
| Yes No | | 165 | INO | | | | |
| Employment / Business Information | | | | | | | |
| Current Employer | | | | Your occupation? | | | |
| Employer Contact Name | | | Work email address | | | | |
| Work Address | | | | | | | |
| City | Work fax | number | | Work Phone number | | | |
| Emergency Contact | | | | | | | |
| Name of person to contact in an emergency | | | | | | | |
| Daytime phone number | | | Evening phone number | | | | |
| Person's relationship to you | | | | | | | |
| References (provide names of two non-family references whom we may contact) | | | | | | | |
| 1. Name | | | Phone (daytime) | | | | |
| | | | Phone (evening) | | | | |
| 2. Name | | | Phone (daytime) | | | | |
| | | | Phone (evening) | | | | |

Please turn over! Read the back. Sign at the bottom.

Protecting your personal information:

Northlands is committed to the protection of your child's privacy. Unless indicated otherwise to us in writing, you consent to the collection, use and disclosure of your child's personal information such as full name, postal address, and phone number for training, scheduling and other purposes to facilitate the volunteer relationship. Further, you consent to and allow Northlands to take photographs or video footage of your child for uses which may include, but are not limited to publication of your child's name and image in Northlands Annual Report, posters and advertisements to identify, promote and recognize the valuable contributions of our volunteers and Northlands events. Details of Northlands privacy policy are available online at northlands.com, or in printed form by request.

Permission to perform a background check:

I hereby allow Northlands to perform a check of my child's background, which may include

- police records:
- past employment/volunteer history; and/or
- personal references

and other persons or sources as appropriate for the volunteer jobs available at Northlands.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude my child from consideration for volunteer work. I understand that information collected during this background check will be limited to that appropriate to determining my child's suitability for volunteer work at Northlands and that all such information collected during the check will be kept confidential. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my child's suitability for volunteer work at Northlands and such other information as they deem appropriate.

**** BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE NORTHLANDS. PLEASE READ CAREFULLY ****

Release, Indemnity and Assumption of Risk

I, the undersigned, warrant that I am the full age of 18 years and the parent or legal guardian having full legal responsibility for decisions regarding my child. I am familiar with the risks of injury and death which any volunteer of Northlands must assume. I understand, and will instruct my child, that all applicable rules for participation must be followed and understand that Northlands has the sole right to conclude my child's participation and attendance in volunteer activities if he/she is not complying with the applicable rules.

I freely accept and assume all risks associated with the attendance or participation of my child at Northlands in respect of his/her volunteer activities. I hereby waive any and all claims, expenses, demands, costs, suits, judicial review, liabilities and causes of action against Edmonton Northlands, the City of Edmonton, their Council, Council members, Board, Board members, officers, directors, employees, any of their insurers (collectively, the "Releasees") which may arise out of such injury, loss, damage or death, and I release the Releasees from any and all liability in that regard.

I further agree to indemnify and save harmless the Releasees from all liability, for any and all suits, demands, claims, judicial review and actions of any kind which may be brought against its staff, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person, including my child as a result of their attendance or participation at Northlands in respect of his/her volunteer activities, from any cause whatsoever including all activities from the time of their arrival at Edmonton Northlands premises to their final departure therefrom. I understand and agree that this Agreement will be binding upon me, my child, my heirs, assigns, next of kin, executors, administrators and successors.

I verify that the statements in this volunteer application form are true. I understand and agree that a false statement may disqualify my child from volunteering. I agree to instruct my child to abide by Northlands policies and regulations and to keep confidential all information learned in the course of my child volunteering at Northlands.

I confirm that by signing this Volunteer Application I have had an opportunity to seek independent legal advice, and have either done so or waived my right to do so.

| committation of significant and significant an | | | | | | | |
|--|------------------------------------|------------------------------|--|--|--|--|--|
| Please sign below | | | | | | | |
| Full Name of applicant's Parent/Guardian: | | Date: | | | | | |
| Signature of applicant's Parent/Guardian: | | | | | | | |
| For Volunteer Applicants 12 years of ag | | | | | | | |
| I have read the above and it has been exp | iained to me by my Parent/Guardian | | | | | | |
| Full Name of Applicant: | | | | | | | |
| Signature of Applicant: | | | | | | | |
| Age of Applicant: | | | | | | | |
| | | | | | | | |
| For Volunteer Services' use only | | | | | | | |
| Date received | | Date entered into Volgistics | | | | | |
| | | | | | | | |

Comments