



Volunteer Agreement

As a volunteer with the University of Lethbridge I agree to the following:

Confidentiality: I acknowledge in the course of my Volunteer duties that I may have access to information that may be confidential and will observe and comply with the University's Confidentiality policy, which is governed by FOIPP. Except as I may be legally obligated or authorized, 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 volunteer experience with the University.

University Policy & Procedures: The University of Lethbridge has various policies in place promoting a safe environment for its members. I agree in my volunteer capacity to abide by all University policies and procedures.

Termination: I understand that the University of Lethbridge or I may terminate this agreement at any time for any reason with or without cause and without notice.

Insurance: The University of Lethbridge provides liability insurance coverage that extends to volunteers. It is agreed that the volunteer is responsible for their own health, dental and medical coverage. It is further agreed that the Volunteer is responsible for providing insurance on their own personal property as well as their own automobile coverage. If the Volunteer is using their personal vehicle in respect of their volunteer

Hold Harmless & Indemnity Agreement: The University of Lethbridge agrees to indemnify and hold harmless the Volunteer for any loss, claims, damages, expenses, judgments, including reasonable attorney fees, that are advanced for which the University is legally liable. The Volunteer agrees to indemnify and hold harmless the University for any loss, claims, damages, expenses, judgments, including reasonable attorney fees, that are advanced for which the Volunteer is legally liable, notwithstanding the provisions of coverage that may be available to the volunteer under the University's insurance program and the Worker's Compensation Act of Alberta.

The Work: The volunteer acknowledges that the work performed is on a volunteer basis and that there is no remuneration. The Volunteer further agrees to perform the work as noted in the Scope of Volunteer Duties and if required provide a criminal background check. The volunteer has a right to refuse to engage in any work that is not deemed safe as per section 35 of the Alberta Occupational Health & Safety Act.

I understand that the obligation in this agreement is important to ensure the integrity of the University and as a result, a breach of this agreement may result in termination of the volunteer agreement.

Sworn by:

Print Name: _____

Signature: _____

Dated this _____ day of _____, _____

Witnessed by:

Print Name: _____

Signature: _____

Dated this _____ day of _____, _____



Volunteer Application Form

(Please print all information)

Name of Volunteer: _____

Address: _____

Home telephone: _____ Work telephone: _____

Emergency Contact: _____ Telephone: _____

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

Please contact Safety & Risk Services (329-2099 or 382-7176) for required safety training and/or risk management protocol)

Supervisor: _____ Title: _____

Department: _____ Telephone: _____

Start Date: _____ End Date: _____

In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with the University of Lethbridge and that I am not entitled to receive a salary or employee benefits. I understand that the University or I may terminate this agreement at any time without notice. I also understand that I have the obligation to respect the confidentiality of any sensitive information or dealings, and that I must sign a volunteer agreement, which includes a confidentiality clause.

Alberta Freedom of Information and Protection of Privacy Act (FOIPP):

By signing below, I consent to having the information in this document collected by the Board of Governors of the University of Lethbridge. The personal information requested on this form is collected under the authority of the Post Secondary Learning Act and Section 32 (c) of the FOIPP Act to determine participation as a volunteer for the named department. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIPP Act. For further information, contact the University of Lethbridge Privacy Officer, Rita Law, University of Lethbridge, A764 University hall, 4401 University Drive, Lethbridge, Alberta, Canada T1K 3M4 (403-329-2201)

Completed on this _____ day of _____, _____

Signature of Volunteer: _____

Signature of Supervisor: _____