

SYNERGY VOLUNTEER CONSENT FORM



SECTION A: VOLUNTEER INFORMATION

OFFICE ADMIN ONLY

Registration Date: _____

Volunteer's Name: _____ Cell: _____

Address: _____ City/Town: _____

Postal Code: _____ Home Phone: _____

Primary Email: _____ Secondary Email: _____

SECTION B: VOLUNTEER INFORMATION

Date of Birth: (m/d/y) _____

Do you have any allergies or health conditions?

Yes

☐

No

☐

Food Restrictitons?

Yes

☐

No

☐

If so, describe: _____

SECTION C: EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relationship to Volunteer: _____ Emergency Phone: _____

SECTION D: LIABILITY WAIVER

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (please read carefully)

I understand that activities which occur during **Synergy** programs/events may involve certain risks of physical activity and possible injury and that staff and other volunteers will provide me with reasonable care, but that **Synergy** cannot guarantee that I will remain free of injury. I nevertheless wish to participate and I ASSUME the RISK of participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS **Synergy**, and its staff, other volunteers, and board, from any and all claim and/or cause of action arising out of and related to my participation in this program/event.

_____ Initial

TRANSPORTATION

I agree to be transported by program staff or via transportation arranged by program staff, under staff supervision, for the purpose of being able to attend this event/program. I understand that **Synergy** cannot guarantee that I will remain free of injury. I nevertheless wish to participate and I assume the risk of participation. I agree to release from liability, indemnify and hold harmless **Synergy**, its staff, volunteers, and board, from any and all claim and/or cause of action arising out of my being transported.

_____ Initial

SECTION E: CONFIDENTIALITY

STATEMENT OF CONFIDENTIALITY

I understand that in my role as a Volunteer with **Synergy**, I will become aware of sensitive information and become knowledgeable of situations that must be held in confidence. I declare I will act with discretion and hold in confidence all matters regarding Synergy as an organization, program and/or event participants, Synergy members, volunteers, Staff and others with whom I come in contact at Synergy.

By signing below you agree to the terms of the Statement of Confidentiality.

Volunteer Signature: _____

Date: _____

Please continue on next page

This personal information is being collected for activities related to Synergy youth program registration. The personal information will only be used for the purpose(s) identified, and is collected and used in compliance with the Personal Information Protection Act. If you have any questions about this form or the collection or use of your information, you may contact SYNERGY at 403-212-0242.

SECTION F: ADDITIONAL CONSENT

Email Notifications

Would you like us to contact you regarding future Synergy programming? ☐ YES ☐ NO _____ Initial

By checking "YES" you consent to receiving email notifications from Synergy and their staff in the form of newsletters, email updates, volunteer requests, fundraising opportunities, donation requests, etc. You can unsubscribe from these notifications at any time by emailing "unsubscribe" to involved@yoursynergy.ca

Media Release

Through volunteer involvement with Synergy, there will be times when you come into contact with the media, through media coverage of events sponsored by Synergy, media investigation of issues affecting youth in our communities, to inform the public of the activities, as well as other unforeseen circumstances. There may also be times when the news media may ask to interview and/or photograph Synergy participants.

Synergy may also wish to use the volunteer's photograph, voice or video recording for promotional and educational purposes, such as in publications, posters, brochures, newsletters, internet publications, and the Synergy website and social media platforms.

I give permission, now and in the future, for **Synergy** to use, for promotional and/or educational use only, any photographs, videotaped footage, or audio recording taken of me during any Synergy program or event.

☐ YES ☐ NO _____ Initial

Please note that the volunteer's ability to participate in Synergy programs is not conditional upon your agreeing to give consent for the Media Release or Participant Contact Information.

If you wish to revoke consent, please contact Synergy at involved@yoursynergy.ca

By signing you agree to the terms above.

Volunteer Signature: _____ Date: _____

SYNERGY VOLUNTEER CONSENT FORM



SECTION A: PARENT/GUARDIAN INFORMATION

OFFICE ADMIN ONLY

Registration Date: _____

Parent / Guardian's Name (if volunteer <18yrs): _____

Cell: _____

Parent / Guardian's Name (if volunteer <18yrs): _____

Cell: _____

Address: _____ City/Town: _____

Postal Code: _____ Home Phone: _____

Primary Email: _____ Secondary Email: _____

SECTION B: VOLUNTEER INFORMATION

1. Volunteer Name: _____ (First,Last) Date of Birth: (m/d/y) _____

Does your child have any allergies or health conditions? Yes ☐ No ☐ Food Restrictitons? Yes ☐ No ☐

If so, describe: _____

Volunteer School: _____

SECTION C: EMERGENCY CONTACT INFORMATION

Emergency Contact: (other than parent/guardian) _____

Relationship to Participant: _____ Emergency Phone: _____

SECTION E: LIABILITY WAIVER

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (please read carefully)

I give permission for the above named volunteer to participate in **Synergy** programs and/or events. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each volunteer with reasonable care, but that **Synergy** cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child volunteer and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS **Synergy**, and its staff, volunteers, and board, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

_____ Initial

TRANSPORTATION

I give permission for my child to be transported by program staff or via transportation arranged by program staff, under staff supervision, for the purpose of being able to attend this event/program. I understand that **Synergy** cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child volunteer and I assume the risk of his/her participation. I agree to release from liability, indemnify and hold harmless **Synergy**, its staff, volunteers, and board, from any and all claim and/or cause of action arising out of my child being transported.

_____ Initial

SECTION E: LIABILITY WAIVER - Continued

CONFIDENTIALITY

Synergy Staff will hold in confidence, anything said to us by the children or youth, registered in any of our programs (this includes parents, guardians and other professionals other than current **Synergy** staff/supervisors) unless the child or youth consents, in writing, that we may divulge their personal information to others.

Exceptions are as follows:

We have a good reason to think they might harm themselves or someone else.

We have a good reason to believe that they might be in need of protection.

We are ordered by a court of law.

_____ Initial

I understand that in my role as a Staff Member or Volunteer with **Synergy**, I will become aware of sensitive information and become knowledgeable of situations that must be held in confidence. I declare I will act with discretion and hold in confidence all matters regarding the town, residents, staff and other, with whom I come in contact at Synergy.

_____ Initial

SECTION F: ADDITIONAL CONSENT

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Media Release

Through your child's involvement in Synergy volunteering, there will be times when they come into contact with the media, through media coverage of events sponsored by Synergy, media investigation of issues affecting youth in our communities, to inform the public of the activities, as well as other unforeseen circumstances. There may also be times when the news media may ask to interview and/or photograph Synergy volunteers.

Synergy may also wish to use your child's photograph, voice or video recording for promotional and educational purposes, such as in publications, posters, brochures, newsletters, internet publications, and the Synergy website and social media platforms.

I give permission, now and in the future, for **Synergy** to use, for promotional and/or educational use only, any photographs, videotaped footage, or audio recording taken of the volunteer during any Synergy program or event.

☐ YES ☐ NO _____ Initial

Volunteer Contact Information

On occasion, **Synergy** Staff will contact parents/guardians or volunteers (your child) regarding Synergy programs and events through email, social media, by text or telephone. Contact information will not be given out to any external organization.

I give permission for **Synergy** to contact me and/or my child regarding Synergy programs and events through the above mentioned forms of contact.

☐ YES ☐ NO _____ Initial

Volunteer Phone # : _____

Volunteer Email: _____

Please note that your child's ability to participate in Synergy programs is not conditional upon your agreeing to give

If you wish to revoke consent, please contact Synergy at involved@yoursynergy.ca

By signing you agree to the terms above.

Parent Signature: _____

Date: _____

Volunteer Signature: _____

Date: _____

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