



VOLUNTEER APPLICATION FORM

PART A: YOUR INFORMATION – PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH MM/DD/YYYY	AGE RANGE <input type="checkbox"/> 14 TO 18 <input type="checkbox"/> 19 TO 30 <input type="checkbox"/> 31 TO 45 <input type="checkbox"/> 46 TO 60 <input type="checkbox"/> 61 TO 75 <input type="checkbox"/> OVER 75	
ADDRESS		CITY POSTAL CODE
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS		

IF STUDENT, PLEASE PROVIDE THE FOLLOWING

SCHOOL ATTENDING	GRADE / MAJOR
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EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE
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TELL US ABOUT YOURSELF

PROFESSION	WORKING EXPERIENCE
VOLUNTEER EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE SPECIFY
EDUCATION LEVEL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> POST-SECONDARY <input type="checkbox"/> UNIVERSITY	MAJOR OTHER
LANGUAGE(S) SPOKEN <input type="checkbox"/> ARABIC <input type="checkbox"/> CANTONESE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> MANDARIN <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____	
REFERENCE	REFERENCE PHONE
ANY HEALTH CONDITION(S) WE SHOULD KNOW ABOUT WHILE YOU ARE VOLUNTEERING AT THE CENTRE?	
REMARKS (I.e. identify preferred role or area, any skills, hobbies or talents that you would like us to know about, when you would be available to volunteer during the week)	

PART B: CONSENT, DECLARATION AND OTHER

Prior to commencing any volunteer activity at 105 Gibson Centre :

- I give consent to 105 Gibson Centre or Toronto Christian Community Church for the collection, creation, use and disclosure of personal information for the purpose of screening for a volunteer role. This includes reference check(s), Criminal Record Check and/or Vulnerable Sector Screening process as required.

The information collected by this application and any background inquiries will be kept strictly confidential, 105 Gibson recognizes the trust that applicants place in us to protect their data.

For more info, the 105 Gibson Privacy Policy is available at www.105gibson.com/privacypolicy/.

Please select the statement that applies to you.

- I am 18 years of age or older and understand that I am required to submit the signed waiver (see page 3) in order to volunteer.
- I am 17 or under and understand that I am required to submit the waiver signed by my parent or guardian in order to volunteer.
- 105 Gibson Centre is a supporter of AODA (Accessibility for Ontarians with Disabilities Act). I will require accommodation during the recruitment process.

For more info, the 105 Gibson Accessibility Policy is available at www.105gibson.com/accessibility-policy/.

As a 105 Gibson Centre volunteer :

- I am committed to supporting 105 Gibson’s Vision, Mission and Values.

For more info, the 105 Gibson Vision and Mission is available at 105gibson.com/vision-and-mission/.

- I DECLARE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED DATE MM/DD/YYYY

SIGNATURE

Thank you for your application. Your application will only be considered if fully completed. Submission of this form does not guarantee placement, volunteers are placed according to their interests, skills, suitability and the needs of the Centre. We will be in touch with you soon.



Release of Liability, Waiver of Claims, Assumption of Risks and Confidentiality Nondisclosure Agreement (“Risk Release”)

Please read carefully before signing this Risk Release. This is a legal document that affects your legal rights.

By working as a volunteer for the 105 Gibson Centre (hereafter referred to 105 Gibson) and Toronto Christian Community Church (hereafter referred to as TCCC) and engaging in the programs/activities related to being a volunteer for 105 Gibson organized, operated, undertaken or offered by 105 Gibson (the “Activities”), I, as a Volunteer, hereby freely, voluntarily, and without duress execute this Risk Release under the following terms:

1. **Activities:** I understand that the Activities may include physical labor, work with site setup and take down or other circumstances that may result in risks to my health or risks of injury to me.

Release and Waiver: I do hereby for myself and my heirs, executors, administrators, successors, assigns release, waive and forever discharge and hold harmless 105 Gibson and TCCC, all other organizations, associations and companies affiliated to or associated with any of the Activities, and their respective successors, assigns, Directors, Organizers, staff, employees, officers, agent and other Volunteers of and from any and all liability, claims, demands, losses, damages, costs, actions, and other proceedings of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from the Activities.

I UNDERSTAND THAT THIS RISK RELEASE RELEASES, WAIVES AND FOREVER DISCHARGES AND HOLDS HARMLESS 105 GIBSON AND TCCC, ALL OTHER ORGANIZATION, ASSOCIATIONS AND COMPANIES AFFILATED TO OR ASSOCIATED WITH ANY OF THE ACTIVITIES, AND THEIR RESPECTIVE SUCCESSORS, ASSIGNS, DIRECTORS, ORGANIZERS, STAFF, OFFICERS, AGENT AND OTHER VOLUNTEERS OF AND FROM ANY LIABILITY, CLAIM, DEMANDS, LOSSES, DAMAGES, COSTS, ACTIONS, AND PROCEEDINGS THAT I MAY HAVE AGAINST 105 GIBSON AND TCCC, ALL OTHER ORGANIZATION, ASSOCIATIONS AND COMPANIES AFFILATED TO OR ASSOCIATED WITH ANY OF THE ACTIVITIES, AND THEIR RESPECTIVE SUCCESSORS, ASSIGNS, DIRECTORS, ORGANIZERS, STAFF, OFFICERS, AGENT AND OTHER VOLUNTEERS WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE TO ME THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OR MISCONDUCT OF 105 GIBSON AND TCCC OR THEIR RESPECTIVE SUCCESSORS, ASSIGNS, DIRECTORS, ORGANIZERS, STAFF, EMPLOYEES, OFFICERS, AGENTS, OTHER VOLUNTEERS OR OTHERWISE. I ALSO UNDERSTAND THAT 105 GIBSON AND TCCC AND THEIR RESPECTIVE SUCCESSORS, ASSIGNS, DIRECTORS, ORGANIZERS, STAFF, OFFICERS, AGENT AND OTHER VOLUNTEERS DO NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF MY INJURY OR ILLNESS.

2. Medical Treatment: I do hereby release, waive and forever discharge and hold harmless 105 Gibson and TCCC, all other organizations, associations and companies affiliated to or associated with any of the Activities, and all their respective successors, assigns, Directors, Organizers, staff, employees, officers, agent and other Volunteers of and from any liability, claims, demands, losses, damages, costs, actions and other proceedings whatsoever, either in law or in equity, which arises or may hereafter arise on account of any first aid, treatment, or service rendered in my connection with the Activities.

