



## VOLUNTEER APPLICATION FORM

### PART A: YOUR INFORMATION – PLEASE PRINT CLEARLY

FIRST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Others: _____		
LAST NAME	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	
PRIMARY PHONE	SECONDARY PHONE		
EMAIL ADDRESS			

### PART B

WHERE DID YOU HEAR OF 105 GIBSON CENTRE?
HAVE YOU STARTED VOLUNTEERING WITH 105 GIBSON CENTRE? <input type="checkbox"/> YES, in which area? _____ <input type="checkbox"/> NO <b>(IF YES, PLEASE SKIP TO PART D)</b>

### PART C: TELL US MORE ABOUT YOURSELF

IF YOU ARE A STUDENT, TELL US YOUR SCHOOL AND GRADE/MAJOR	
PROFESSION & WORKING EXPERIENCE	
VOLUNTEER EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE SPECIFY
WHY DO YOU WANT TO VOLUNTEER?	
IS THERE AN AREA/ROLE THAT YOU WOULD LIKE TO VOLUNTEER IN?	
WHEN ARE YOU USUALLY FREE TO VOLUNTEER DURING THE WEEK?	

### PART D: OTHER INFORMATION

OTHER LANGUAGE(S) SPOKEN <input type="checkbox"/> FRENCH <input type="checkbox"/> CANTONESE <input type="checkbox"/> MANDARIN <input type="checkbox"/> ARABIC <input type="checkbox"/> SPANISH <input type="checkbox"/> UKRAINIAN <input type="checkbox"/> OTHER _____
DO YOU CURRENTLY ATTEND TORONTO CHRISTIAN COMMUNITY CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO
ANY HEALTH CONDITION(S) WE SHOULD KNOW ABOUT WHILE YOU ARE VOLUNTEERING AT THE CENTRE?

### PART E: EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE
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**PART F: 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/](http://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.

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*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/](http://www.105gibson.com/accessibility-policy/).*

- I will require special accommodations*
- I do not require special accommodations*

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/](http://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.

3. Assumption of the Risk: I understand that the Activities may involve work that may be hazardous or result in health risks or risks of injury to me, including, but not limited to, registering participant, site setup and take down, hospitality services, etc.

I hereby expressly and specifically assume such health risks or risks of injury or harm in the Activities, and releases, 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 all liabilities, claims, demands, losses, damages, costs, actions and other proceedings whatsoever, either in law or in equity, related to my injury, illness, death, or property damage resulting from the Activities.

4. Insurance: I understand that 105 Gibson and TCCC, all other organizations, associations and companies affiliated to or associated with any of the Activities, do not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. Confidentiality Nondisclosure Agreement: In consideration of being admitted as a Volunteer, I agree to hold in the strict confidence any confidential information which is disclosure to me during my volunteer term and at any other time after the completion of my volunteer term. I agree not to remove any documentation, equipment or other materials from 105 Gibson office or premises or event locations without 105 Gibson's written permission. I will not take photographs or otherwise record information to which I may have access during the volunteer term.

**Volunteer Applicant:**

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Print Name	Signature	Date
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**If Volunteer is under 18 years of age, this form must also be signed by a parent of legal guardian as follows:**

By signing below, I, the undersigned, certify that I am the parent or legal guardian of the applicant, and as such on behalf of myself and the applicant, agree to the terms of this form as noted above.

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Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Phone Number of Parent/Guardian	Email of Parent/Guardian
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