

Bunchberry Connections: Volunteer Form 2022

(Formerly Grow for Change)

Date: _____

Name: _____

Address: _____

Phone number: _____

Email address: _____

Emergency contact (name and number): _____

May we contact you through: Email: Yes No Phone/text: Yes No

Please list any health concerns we should be aware of:

Volunteer Opportunities

They are offered through an online platform, as well as email updates – if there are other times you would like to volunteer at the farm please email grow4changes@gmail.com.

*If you are interested in a volunteer leadership role (such as leading a harvesting group some mornings, watering the farm with your family/neighbors, etc.), please provide details:

I agree that if I am selected as a volunteer, and I sign up to participate in an activity (gardening, harvesting, etc.), if there is a change in my availability, it is my responsibility to provide reasonable notice

VOLUNTEER WAIVER DECLARATION

Please read the following carefully prior to checking the box stating that you agree to the outlined declarations and permissions required to sign in as a volunteer.

I hereby agree to be a volunteer with Bunchberry Connections(BC). In so doing, on my/our own behalf and on behalf of my/our heirs, executors, estate trustees with or without a Will, administrators, next of kin, successors, and assigns, I execute this Release in favour of BC and all its directors, officers, employees, agents, servants, contractors, elected and appointed officials, sanctioning bodies, all persons for whom it is responsible at law, and its successors and assigns in consideration of the voluntary participation in BC events.

At all times, the privacy and dignity of volunteers, community, and donors, will be respected, and the laws abided by.

Collection of Personal Information

I consent to BC collecting and using my personal information, including but not limited to my name, address, telephone number, email address, age, medical information (if I require medical accommodations in my volunteer role or activities), and other information that can identify me. I understand that BC requires this information in order to open and maintain an active volunteer file for me.

I understand BC will not use this information other than for communicating to me regarding my volunteering or support of BC and in administering the volunteering relationship.

Confidentiality

I agree to hold strictly confidential any information I obtain in the performance of my volunteer duties relating to clients, donors, agencies, workplace accounts, and any other information about BC that is identified as confidential. Sharing information between volunteers and staff will be done on a need-to-know basis in order for staff and volunteers to fulfill their responsibilities.

Information relating to volunteers, participants, donors, and agencies shall not be related to any individual or agency outside BC unless explicitly requested by BC participants.

When in doubt as to the confidentiality of certain information, no disclosure should occur without confirming with BC staff that such disclosure has been authorized.

Photography

I grant BC permission to use any photographs or videotape images of me taken in the course of my involvement and to use my name, image, comment(s) and information regarding my volunteer role, activities, affiliation, and city of residence for BC’s purposes in any media and territory in perpetuity.

Medical Treatment

In the event of injury or illness while I am participating in BC-related activities, I consent (if I am unable to provide consent or deny consent myself at the time that a decision must be made) to receive, or to have my child or ward who is under the supervision of BC receive, first aid and/or any further medical attention that potentially may be required to the extent determined by, and at the discretion of BC staff, emergency medical services, and licensed medical professionals.

Liability

I waive and release any and all claims for myself, my heirs, executors and administrators against BC and any other sponsor or organization involved, from any and all claims or liability for death, personal injury, or property damage of any kind however caused, including any claim or liability arising from the negligence of the BC, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release of Waiver extends to all claims, foreseen or unforeseen, known or unknown.

I declare that I am at least 18 years of age (or have parental/guardian permission) and all the information provided on this application form and in any other accompanying documents is complete and true in every respect.

I agree that this Release shall be governed by the laws of Ontario.

I agree that if any portion of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue in full legal force and effect.

I agree that this document constitutes the entire agreement between me and BC relating to its subject matter and that no oral representations have been made that would in any way affect or detract from the enforceability of this Release on its terms as written.

_____	_____	_____
Volunteer Name	Volunteer Signature	Date

If volunteer is under 18 years of age:

_____	_____	_____
Guardian Name	Guardian Signature	Date