



VOLUNTEER Service Agreement

CLEARVIEW

I, _____ have agreed to volunteer as a member of the Clearview Township 'Small Halls Festival' and Clearview Parks, Culture & Tourism Department.

As a volunteer, I fully understand and agree to the following:

- That I will not receive remuneration, salary, wage, payment or any employee benefit, and I will not be covered by Worker's Safety and Insurance Benefits.
- That except as authorized, I will not use the Township's facilities and equipment for personal use.
- In the event that I am injured while participating as a volunteer for Clearview, personal injury insurance is provided in accordance with VFIS. A summary of the insurance coverage is attached to this agreement (detailed insurance policy information is available on the Township's Website). I have read the insurance details and understood my coverage for personal injury as a Clearview Volunteer.
- In the event that I am injured, and my next of kin cannot be contacted, I give permission to the attending physician to render such treatment as would be normal.
- That in the course of volunteering, I may be in receipt of confidential information including but not limited to client identities, materials, records, data, and results pertaining to, arising from, or containing particulars of confidential information. I agree that I shall not at any time while I am providing volunteer services for Clearview Township, or at any time after those services are completed, disclose to anyone such confidential information (except as may be required or permitted by law or at the request of Clearview Township or as required to perform the volunteer services).
- That all materials prepared by me, in the performance of my volunteer services, shall become the property of Clearview Township.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE CONDITIONS.

Signed at _____ this _____ day of _____, 2019.

Signature _____

Address _____

Primary telephone # _____

E-mail address _____

In case of Emergency:

Next of kin contact name _____

Next of kin contact # _____

Relationship to Volunteer _____