



NORTH ISLAND COMMUNITY SERVICES SOCIETY (NICSS)

105-1705 Campbell Way
P.O. Box 1028 Port McNeill, BC V0N 2R0
Phone: (250) 956-3134 Fax: (250) 956-4484
reception@niccommunityservices.ca

NICSS' VOLUNTEER AGREEMENT

This Volunteer Agreement is a description of the arrangement between North Island Community Services Society (NICSS) and _____, in relation to your volunteer work with our organization. The intention of this agreement is to assure you that we appreciate you volunteering with us by demonstrating our commitment to make your volunteer experience with us, both positive and rewarding.

Part 1 – NICSS

NICSS accepts the voluntary service of *(name)* _____,
beginning *(date)* _____.

Your role as a volunteer is as described on your Description of Service below.
We commit to the following:

1. Orientation and Training

- To provide thorough orientation of NICSS, its employees, your volunteering role, and the training necessary to assist you in meeting the responsibilities of your volunteering role. For more information on volunteering please visit www.volunteer.ca

2. Supervision, Support and Flexibility

- To define appropriate standards of your services, to communicate them to you, and to encourage and support you to achieve and maintain them as part of your voluntary work.
- To provide a supervisor who will meet with you regularly to discuss your volunteering and address any issues you may experience.
- To do our best to help you develop your volunteering role with us and to be flexible in how we use your volunteering.

3. Expense

- To reimburse the pre-approved expenses incurred by you in doing your voluntary work, in accordance with the procedures set out in the specific program.

4. Health and Safety

- To provide adequate training and feedback in our organization's health and safety practices and policies. A copy of our Health and Safety Policies are available at each location.

5. Insurance

- To provide adequate insurance coverage for volunteers whilst undertaking voluntary work approved and authorized by us.



**NORTH ISLAND COMMUNITY SERVICES SOCIETY
VOLUNTEER INFORMATION SHEET**

Employee Information:

Volunteer Last Name		Volunteer Name	
Date of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Mailing Address		Physical Address	
Town/Prov		Postal Code	
Home Phone#		Cell Phone #	
Email Address			

Emergency Contacts

Emergency Contact #1			
Last Name		First Name	
Relationship		Home Phone #	
Cell Phone #		Work Phone #	
Emergency Contact #2			
Last Name		First Name	
Relationship		Home Phone #	
Cell Phone #		Work Phone #	

Allergies or Health concerns (in case of emergency)	
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Fit for Duty

At the present time are you fit to fulfil the duties of the position you have applied for? (see job description if unsure)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please describe the limitations that you may have. (eg; light lifting to 10lbs., walking only 50ft. At a time, etc.)		
Will these limitations affect your ability to fulfill the job requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, are there accomodations required to assist you in fulfilling the job requirements? Please list and describe.		

Consent - Media Release

I, _____	have had it explained to me how my name, photo or quote may be used and give North Island Community Services my consent to use the following:

(check the relevant boxes below)							
<input type="checkbox"/>	my name	<input type="checkbox"/>	in the NICSS brochure				
<input type="checkbox"/>	my photo	<input type="checkbox"/>	on social media (Facebook, Twitter, Instagram, etc.)				
<input type="checkbox"/>	my quote (something I said)	<input type="checkbox"/>	on a bulletin board				
<input type="checkbox"/>	my artwork	<input type="checkbox"/>	for a television or radio broadcast				
<input type="checkbox"/>	in the NICSS newsletter	<input type="checkbox"/>	in a newspaper				
<input type="checkbox"/>	on the NICSS website	<input type="checkbox"/>	other (specify)				
<hr/>							
I GIVE CONSENT:	<input type="checkbox"/>	I DON'T GIVE CONSENT	<input type="checkbox"/>				
Signature for consent:		Signature NO consent:					
Today's date:		Today's date:					
*Note: I may withdraw my consent at any time prior to the expiry date.							
Statement of Confidentiality							
The undersigned Employee (the "Employee")							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>							
(Please print name)							
The "Employer," <u>North Island Community Services Society</u> , hereby promises the Employer:							
1)	To not communicate, nor to allow any person to inspect or have access to information regarding policies, persons served, reports or documents, except for those services, and its representatives that are pertinent to the Employer.						
2)	To not disclose co-workers' personal information without prior consent of the specific co-worker.						
3)	To not disclose information related to your position, in any form via social media.						
4)	To take reasonable care to properly secure confidential information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.						
5)	To not disclose my personal password(s) to anyone without the express written permission of my supervisor, nor will I post it in an accessible location. I will also refrain from performing any tasks using another's password.						
General Clause:							
1)	That, upon the termination of the Employee's employment with the Employer, for any reason, the Employee will not disclose any privileged and confidential information, including information pertaining to the Society's policies and practices.						
I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment, or possible legal action via the society and/or stakeholders.							
Read and Signed in the presence of:							
Signature:		Date:					
Witnessed By:		Date:					

Required to be Attached or Completed			
<input type="checkbox"/>	NICSS Code of Ethics & Values	<input type="checkbox"/>	First Aid Certificate (if valid)
<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Criminal Record Check (online)
Volunteer Signature:		Date Signed :	
Received By:		Date Received:	