



The Corporation of the Township of Huron-Kinloss

Appendix A

Volunteer Agreement and Waiver of Liability

I, [Click to enter name](#) understand that I will be volunteering for the Corporation of the Township of Huron-Kinloss (Township) and that while volunteering I will be under the direction of a Township staff member.

As a volunteer I fully understand and agree as follows:

General:

1. That I will not receive any remuneration, salary, wages, payment or any employee benefits or be covered by Workers' Safety and Insurance Benefits.
2. That except as authorized I will not use the Township's facilities or equipment.
3. I will conduct myself in a conscientious and responsible manner in accordance with the Township's Employee Code of Conduct.
4. I will comply with all written policies and procedures that have been provided and are relevant for my position.
5. I will maintain the confidentiality of information gained through serving as a volunteer, both during and after my term as a volunteer.

I have received a copy of the Township's Volunteer Policy and I confirm that I understand and agree to adhere to the policy and the above statements.

Date: [Click to enter a date.](#)

Name: [Click to enter name](#)

Signature

To be signed by a parent/guardian if volunteer is under the age of 18

Parent/Guardian Signature