

Volunteer Agreement and Release, Waiver of Liability, and Indemnity Statement of Confidentiality

I, _____ understand that I will be volunteering for the Corporation of the Municipality of Kincardine (“Municipality”) and that while volunteering, I will be under the direct supervision of a Municipal 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 Municipality’s facilities or equipment.

Code of Ethics:

3. I will provide my time as a volunteer in the best interest of the Municipality of Kincardine.
4. I will conduct myself with honesty and integrity while serving the Municipality.
5. I will treat members of the public, staff and Council with respect.
6. I will comply with all written policies and guidelines provided relevant to the board or committee on which they serve.
7. I will ensure my position as a volunteer will not be used to grant special privileges to any person or group and avoid all other conflicts of interest which may arise from their position as a volunteer.
8. I will ensure my position as a volunteer will not be used for business or personal benefit or gain.
9. I will not discriminate against or harass a member of the board or committee, staff, Council or public because of (including but not limited to) race, ancestry, place of origin, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, physical or mental disability or record of offences.
10. I will ensure that any personal use of social media regarding Municipal business is accurate and consistent with Municipal information and does not express a derogatory or discriminatory opinion of the Municipality, Municipal Staff or Council member. I will also disclose my affiliation with the Municipality and that views expressed in the posting are my own personal views and do not necessarily reflect

the views or opinions of the Municipality. I understand that the Municipality reserves the right to relieve me from my duties as a volunteer if this policy is violated.

Possibility of Injury:

11. I agree to indemnify and save harmless the Municipality of Kincardine from and against all loss, injury, costs or damages of any form, type howsoever caused of arising, including litigation expense, or legal fees that the Municipality may incur or be exposed to due to any claim made against the Municipality arising out of or carrying out the volunteer activities.

Confidentiality Agreement:

12. I agree that any written or oral information disclosed to me as “confidential” during my term will remain in the strictest confidence.

I have received a copy of the Municipality of Kincardine’s Volunteer Management Policy, and I confirm I understand and agree to adhere to the policy and the above statements, or as otherwise directed to me in writing by Council during my term.

Date

Name (Print)

Signature

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

Parent/Guardian Signature