

# Volunteer Application



## Contact Information

Name	
Street Address	
City, Postal Code	
Phone Number	
Email Address	
Education (circle)	High School   Post Secondary   Graduate Degree

## Agreement and Signature

I certify the information in this application is current and complete. I agree to behave in accordance with Seva Food Bank's code of conduct. I give my permission to the Seva Food Bank to contact the references given and to obtain, if required, a criminal record check and/or a driver's abstract. I understand that I will be advised in advance if a criminal record check and/or a driver's abstract is required. I understand that if I am below the age of majority I must have my parent/ guardian sign and provide their contact information below.

\_\_\_\_\_  
Signature of participant, or guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

## Image Release

Thank you for completing this application form and for your interest in volunteering with us. As a participant at the Seva Food Bank, I understand that photographs and/or video may be taken in an effort to promote the organization to the general public.

### I will grant the Seva Food Bank the following rights:

1. The Seva Food Bank will have a total ownership of these materials, and the right to edit and use for purposes of program promotion, advertising, or public relations.
2. The Seva Food Bank use of my name, likeness, or voice will not result in any liability to the Seva Food Bank for payment to any person or organization.

\_\_\_\_\_  
Signature of participant, or guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Liability Waiver

I, the undersigned, hereby indemnify and hold harmless Seva Food Bank, its officers, directors, employees and volunteers against any claim of any sort that I might otherwise have arising from any accident or personal inquiry occurring as a result of my volunteer work at Seva Food Bank on its behalf.

Specifically, I understand that any inquiry I incur while on the premises, or while acting on behalf of Seva Food Bank is my sole responsibility and I agree not to sue the Food Bank, its officers, directors, employees or volunteers as a result of any such accident or inquiry howsoever caused.

I certify that I am at least 18 years of age\* or, if I am not that my parent or guardian must sign below on my behalf.

\_\_\_\_\_  
Signature of participant, or guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Confidentiality Agreement

This agreement applies to all volunteers associated with and/or involved in the activities of Sikhs Serving Canada (SSC), operating as Seva Food Bank. This includes all activity associated with SSC at its Wolfedale, Malton, and all outreach sites locations.

All data, materials, knowledge and information generated through, originating from, or having to do with SSC or persons associated with our activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of SSC.

This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not to be disclosed to any third party, under any circumstances, without the consent of the Executive Director.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by SSC and any applicable laws.

**My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.**

\_\_\_\_\_  
Signature of participant, or guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date