



# Lilia Redemption Foundation Volunteer Application Form

Please complete this application form if your group or yourself is interested in volunteering with Lilia Foundation. Thank you! Volunteers DO make a difference.

## Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Group Information

Group Name: \_\_\_\_\_

Number of Members: \_\_\_\_\_

Age Range of Members: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Volunteer Opportunities

Mark areas where you'd like to volunteer

- Office Help  Driver/Delivery  Ambassador  Marketing  Campaigning
- Data Entry Clerk  Packaging  Desk Clerk  Fundraising

## Availability

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are interested in helping:  One-time  Special Events  Weekly  Bi-Weekly  Monthly

Is this  ongoing or for a  specific date: \_\_\_\_\_

Please indicate other information relevant to your availability:

\_\_\_\_\_  
\_\_\_\_\_

## Terms and Conditions of Volunteering

All volunteers should have their own medical insurance. If a volunteer requires medical/hospital attention due to an incident that occurs while volunteering for LILIA FOUNDATION, whether it was a direct result of the work they were instructed to do or not, that volunteer's own medical carrier will be responsible for all medical coverage. The volunteer is expected to report any injury while volunteering immediately to their supervising staff person.

I have read and understand the Terms and Conditions of Volunteering. \_\_\_\_\_ (initial)

## Photography, Publicity and Release Form

I, \_\_\_\_\_, give my permission to LILIA FOUNDATION to use my, or my group including minor children's, name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recording, audiotapes, digital images, and the like, taken by or made on behalf of LILIA FOUNDATION. I agree that LILIA FOUNDATION has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation for the use of such pictures, etc. Further, I, for myself and on behalf of any minor child, hereby release LILIA FOUNDATION and any related entities, whether separately incorporated or not, including but not limited to LILIA FOUNDATION and related entities' members, directors, officers, executives, administrators, employees, agents, representatives, volunteers, insurers, re-insurers and/or self-insurance administrators and/or representatives and assignees (collectively referred to as the "Releases") from any and all claims and/or damages which may arise out of or are in any way connected with such use.

I have read and understood the Photography, Publicity and Release. .

\_\_\_\_\_ (Signature)

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

I give my consent to LILIA FOUNDATION to use my, or my minor groups, name and likeness to promote the program, its fiscal agent, and/or their activities.

\_\_\_\_\_ (initial)

I do not give consent to LILIA FOUNDATION to use my, or my minor groups, name and likeness to promote the program, its fiscal agent, and/or their activities.

\_\_\_\_\_ (initial)

## Release of Liability

In consideration for being allowed to participate as a volunteer for LILIA FOUNDATION, I do hereby release and discharge LILIA FOUNDATION, its assignees, officers, agents, employees, and officials and their successors from any and all liability that may be received by me (or by minor child) from all claims and demands of any personal injury to me, damage to my personal property, automobile, or any other personal items, as a result of my willful participation. I further affix my signature to acknowledge that I have reviewed such "Terms and Conditions of Volunteering", and I do willfully elect to participate as a LILIA FOUNDATION volunteer at my own risk.

I have read and understand the Release of Liability. \_\_\_\_\_ (initial)

## Confidentiality Guidelines

Respect for confidentiality is an important ethical principle that guides all LILIA FOUNDATION activities and provisions of service to clients. The Foundation strives to protect the privacy of the relationships established with clients, employees, volunteers and other related groups. This means that the identity and records of clients recognized at LILIA FOUNDATION are to be protected. If you encounter someone known, it is preferable to let that person greet you first, as he/she may not wish to acknowledge knowing you. Encounters with persons who are clients and identifying information about clients should not be discussed except, when the work requires it, with LILIA FOUNDATION staff members or other volunteers.

In addition to moral and ethical demands for confidentiality, identifying information about clients is protected by Federal regulations, (PIPEDA) which applies to information about alcohol and drug abuse clients. LILIA FOUNDATION complies with all of these federal regulations. The fine for wrongful release of such information can be \$5,000 or more.

Regarding other types of information, LILIA FOUNDATION has identified specific employed personnel as responsible for releasing any information. A volunteer must always refer requests for information to an appropriate employee, generally the person supervising the volunteer's work.

I have read and understand the Confidentiality Guidelines. \_\_\_\_\_ (initial)

## Agreement

I have read and understand LILIA FOUNDATION of Niagara Region #723550083RC0001 **Terms and Conditions, Release of Liability, and Confidentiality Guidelines** stated above and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date