



VOLUNTEER MEDICAL INFORMATION & PHOTO RELEASE

First Name: _____ Last Name: _____

Medical Information

Do you have any allergies? (include those to food, medication or environment)

Are there any physical limitations that your supervisor should be aware of?

Emergency Contact Information

First Name: _____ Last Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relationship: _____

Medical Release / Parental Consent

As part of your participation in our program(s), you will take part in a number of activities. Though are programs are supervised by trained staff that do their best to maintain a safe atmosphere, there is always a possibility of injury. By signing below I confirm that I am physically fit enough to participate in the program you are volunteering for and that I understand the risks involved. In the event that I am injured, ill or in need of medical attention, I authorize the Central Abbotsford Community School staff to seek medical treatment for me and/or admit me to the hospital.

Signature: _____ Date: _____

For applicants between 14-18 years of age, please have a Parent/Guardian sign:

Name: _____
Signature: _____ Date: _____

Photo Release

I hereby give my consent to the employees of the Central Abbotsford Community School Society and its partners to photograph or film me over the course of their program(s). I understand that these items may be used for newspaper articles, CACS marketing and social media.

Signature: _____ Date: _____



VOLUNTEER CODE OF ETHICS

First Name: _____ Last Name: _____

As a Volunteer to the Central Abbotsford Community School Society, I agree to adhere to this Code of Ethics at all times, in my service to the citizens of the city.

I pledge to:

1. Be on time for my volunteer shift, and provide my supervisor with as much notice as possible if I am unable to attend a given shift.
2. Abide by all written policies and guidelines provided to me – relevant to my volunteer work.
3. Accept orientation and training in order to provide quality service, and not to use contacts made through the Society for business or personal gain.
4. Accept supervision in the performance of my duties.
5. Perform all assigned tasks to the best of my ability, and not report to work while under the influence of alcohol or drugs.
6. Treat with courtesy each individual with whom I come into contact regardless of race, colour, religion, age, gender, sexual orientation or national ancestry.
7. Obey all laws and regulations, including traffic laws while volunteering for the Society.
8. Bring my best skills and abilities to my volunteer work and promote the Central Abbotsford Community School.

Signature: _____ Date: _____