



ICE RINK VOLUNTEER APPLICATION

Personal Information	
Date:	Rink Location:
Last Name:	First Name: Initial:
Home Address:	Apt/Unit:
City/Town:	Postal Code:
Telephone #:	Email Address:
Best times(s) to reach you:	

I understand and agree that:
<ul style="list-style-type: none"> • The volunteer services will be rendered without payment for same. • A volunteer position is conditional upon adherence to the Townships policies, guidelines and procedures, as well as the laws of Ontario/Canada. • A volunteer is covered under the Township’s liability insurance. • A volunteer is not covered under the Township’s health benefits program. • A volunteer is not eligible for Workers Safety Insurance.

I, _____ acknowledge that I am over/under the age of 18 and will provide services to The Township of Guelph/Eramosa on a volunteer basis.

Volunteer

VOLUNTEER WAIVER

I agree to release and discharge The Township of Guelph/Eramosa from and against all claims and proceedings, in respect of any damages or injury sustained by myself arising by reason of my provision of these services and acknowledge that I have read the Township’s Policy on Outdoor Ice Rinks and the Outdoor Ice Rink Manual.

Signature of Volunteer

Date

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

Signature of Parent/Guardian

Date