



PARKS, RECREATION
& COMMUNITY SERVICES



Volunteer Application Agreement

Note: By signing this agreement and a Saanich waiver, and after a successful interview and reference checks, and orientation, you will become a registered member of the [Park Ambassador Project](#). Park Ambassadors must also complete and pass a criminal record check.

As a Park Ambassador volunteer, I will agree to:

- Follow the directions of Saanich staff when working in Saanich Parks and act in accordance with all Saanich guidelines and policies as laid out in the Park Ambassador Volunteer Manual. I acknowledge that I have read and understand the Park Ambassador Manual and understand that I may be asked to leave the position if my volunteering does not adhere to these guidelines and policies.
- Refer all media contacts regarding Saanich Parks to Saanich Parks staff members.
- Bring concerns to the Park Stewardship Coordinator or other staff member.
- Appreciate that when I wear my Saanich Parks volunteer identification I am the face of Saanich Parks and will maintain high standards of integrity, conduct and service.
- Be committed to treating other volunteers, staff, park visitors and all those with whom I interact with respect and consideration and to promote a spirit of cooperation.
- Carry out the agreed-upon duties outlined in the appropriate Volunteer Position Description, to the best of my abilities.

Name

Signature of applicant

Date

Signature of parent/guardian (if applicable)

Health Concerns

Saanich Parks puts a high priority on the health and safety of our volunteers. Our volunteers are subject to the same safety guidelines as our employees. It is important for us to be aware of issues such as allergies, heart condition, epilepsy, asthma, etc. Please keep us updated if anything arises for you at a later time.

Health concerns/information noted below:

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for administrative and operational functions. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. foi@saanich.ca

Saanich’s “Our Backyard” Newsletter Subscription

Please check an option below if you wish to receive Saanich’s quarterly newsletter about the natural environment. Our Backyard contains articles and information on events in Saanich and beyond. Saanich Parks does not share this information with outside organizations.

Email or Canada Post

We will assume this will be sent to the email or mailing address provided with your application.

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for administrative and operational functions. Questions can be directed to the District’s Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. [250-475-1775](tel:250-475-1775), e. foi@saanich.ca

Permission to share my contact information with other Park Ambassadors

Please check one option below to enable you to be in direct contact with other Park Ambassador volunteers. Saanich Parks does not share private information with outside organizations.

- I authorize all of my contact information be shared with other Park Ambassador project volunteers
- I only authorize some of my contact information be shared with other Park Ambassador project volunteers. I agree to share only the following items selected:
 - Name
 - Email
 - Home Telephone # (if applicable)
 - Cell phone #
- I do not authorize my contact information be shared with other Park Ambassador project volunteers

Date: _____

Name (please print)

Signature

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

**BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE
RIGHT TO SUE - PLEASE READ CAREFULLY**

To: the District of Saanich, its officers, employees, elected officials, agents and volunteers,
And to: the owners and occupiers of private premises on which I conduct volunteer work for the District of Saanich, (hereinafter called the "Releasees")

ASSUMPTION OF RISK

I am aware that my volunteer work for the District of Saanich involves risks caused or contributed to by natural and man-made terrain, wildlife, plants, climatic conditions, my own physical condition, actions of the Releasees and other third parties, vehicular traffic, tools and equipment. I am also aware that such risks may foreseeably result in personal injury, illness, loss of life or property damage, but I freely assume the legal and physical consequences of these risks.

RELEASE and WAIVER

In consideration of being accepted as a volunteer for the District of Saanich, I covenant not to sue and hereby waive, release and discharge the Releasees from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature whatsoever and howsoever arising either directly or indirectly as a result of my volunteer work. This Release and Waiver applies to all claims, foreseen and unforeseen, including negligence and breach of statutory or other duty of care and is binding on my heirs, executors, administrators, or any others who may claim on my behalf.

INDEMNITY AGREEMENT

In consideration of being accepted as a volunteer for the District of Saanich, I agree to indemnify and save harmless the Releasees from any claim, lawsuit, liability, debt, demand, loss or judgment (including costs, defence expense and interest) whatsoever and howsoever arising either directly or indirectly as a result of any act or omission by me that is grossly negligent, wilful or outside my scope of authority or duties as a volunteer for the District of Saanich.

I acknowledge that I have read and understand the above, and I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

Volunteer Signature

Witness Signature

Volunteer Name (please print)

Witness Name (please print)

Volunteer Address

Signature of parent or guardian

Date