



## Volunteer Agreement/Release and Waiver

### COVID - 19

I, \_\_\_\_\_ (full name) in applying to perform duties for the  
*print*  
Township of Centre Wellington as a volunteer for \_\_\_\_\_, fully  
*Program/Service Area*  
understand and agree to the following:

- i) I will not receive any remuneration, salary, wage or payment or any employee benefit whatsoever, or be covered by the Workplace Safety and Insurance Benefits (WSIB).
- ii) Except as authorized, I will not use Township facilities and equipment or divulge or make any use of confidential information.
- iii) I will abide by all applicable Township policies and will follow all instructions provided by staff in carrying out my volunteer role.
- iv) If I wish to end my services, or if the Township of Centre Wellington no longer has need for my service, then as much notice as possible will be given by either party, and in writing if possible.
- v) I will follow the COVID-19 safety and hygiene guidelines that have been prescribed by the Township of Centre Wellington and the Wellington Dufferin Guelph Public Health Unit.
- vi) I agree to follow the COVID-19 pre-screening protocol provided by the Township each time I volunteer.
- vii) I acknowledge that volunteer activity may involve personal risk of damage or injury. I hereby release the Township of Centre Wellington and its employees from all claims for damage or injury to myself resulting from my participation as a volunteer, unless such damage or injury is caused solely by the gross negligence of the Township.

**BY SIGNING THIS FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE CONDITIONS, RELEASE AND WAIVER, FOR THE VOLUNTEER ROLE THAT I AM ASSIGNED AND AGREE TO PERFORM FOR THE TOWNSHIP OF CENTRE WELLINGTON.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness or Parent/Guardian (if under 18 years)

\_\_\_\_\_  
Date