

## Appendix A

### ASSIGNMENT PLAN

#### **I. Description of Volunteer Services**

Department:

Unit (if applicable):

Duration of Assignment: (Begin)

(End)

Anticipated Number of Hours:

per [ ] Week or [ ] Month

Description of Services to be Provided:
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Supervisor's Name and Title:

	List Requirements for the Assignment
Training:	
Equipment: (including protective)	
Physical Requirements:	
Certifications:	
Criminal Background Check (if required):	
Other (Specify):	

#### **II. Agreement and Acknowledgement of Services (to be completed by Volunteer)**

I \_\_\_\_\_, agree to abide by the policies, standards, and procedures of the University of British Columbia and the respective Department(s).

I acknowledge that I am voluntarily donating my services to the University of British Columbia. I understand and agree that I am a volunteer and am not an employee of the University of British Columbia in respect of all volunteer assignments. I further understand and agree that I am not entitled to, and have no expectation of, any compensation, pay, fee, or benefits for my services. I acknowledge and agree that my volunteer services do not constitute a guarantee or promise of future employment, nor do they entitle me to greater consideration for any future employment or volunteer opportunities. I further acknowledge and agree that my volunteer service and any rights or privileges associated therewith may be terminated at any time by the University without cause or notice.

Applicant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Consent: Required for Applicants under the age of 19 years

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (Apt#) \_\_\_\_\_

(City) \_\_\_\_\_ (Province/State) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Telephone: (Home) ( ) \_\_\_\_\_ (Business) ( ) \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_

How did you hear about this volunteer opportunity at UBC? \_\_\_\_\_

Are you currently employed by UBC? YES ☐ NO ☐ If YES please indicate when you started with UBC and the role in which you are employed \_\_\_\_\_

Are you currently a student at UBC? YES ☐ NO ☐ If YES please indicate your program and year of study \_\_\_\_\_

Are you a UBC Alumnus? YES ☐ NO ☐ If YES please indicate program and year of graduation \_\_\_\_\_

Are you currently volunteering with UBC or have you volunteered with UBC in the past?

YES ☐ NO ☐ If YES, please indicate the volunteer assignment(s) \_\_\_\_\_

Are you 19 or older? YES ☐ NO ☐ If NO, please indicate date of birth \_\_\_\_\_

Which hours are you available for volunteer assignments? Check the appropriate boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Briefly describe the areas in which you are interested in volunteering, and your relevant skills and qualifications.

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**V. Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (Apt#) \_\_\_\_\_

(City) \_\_\_\_\_ (Province/State) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Telephone: (Home) ( ) \_\_\_\_\_ (Business) ( ) \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_

**VI. Respectful Environment Declaration (<http://www.hr.ubc.ca/respectful-environment/>)**

I understand that the University of British Columbia endeavours to foster a harmonious climate in which volunteers, students, faculty and staff are provided with the best possible conditions for learning, researching, and working, including an environment that is dedicated to excellence, equity and mutual respect. The University of British Columbia strives to realize this vision by establishing opportunities and practices that respect the dignity of individuals and make it possible for everyone to live, work and study in a positive and supportive environment as possible.

As a Volunteer it is expected that I will abide by the above and show respect for all people and their differences, demonstrate fairness and equity, try to understand the perspectives of others, promote cooperation and collaboration, endeavour to bring out the best in others, demonstrate empathy; and use respectful language at all times.

**Declaration**

By submitting this application, I declare and affirm that the facts set forth in it are true and complete. I authorize UBC to verify any information that may be relevant to both my service and suitability as a UBC Volunteer. I understand that if I am accepted as a UBC Volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from any volunteer assignment.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Consent: Required for Applicants under the age of 19 years and those who are not UBC students**

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C

### **UBC VOLUNTEER CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, acknowledge and understand that, during the course of my work as a UBC Volunteer, I may acquire access or use of certain sensitive or confidential information ("Confidential Information"). I acknowledge and agree that any such confidential or proprietary information, including, but not limited to, medical or personal information, trade secrets, patents, confidential research and development data, or any other sensitive information, shall be kept confidential. In consideration for this volunteer opportunity, the receipt and sufficiency of which is hereby acknowledged, I further agree to the following:

- I. The term Confidential Information includes information not generally known to third parties and which is proprietary to the University of British Columbia ("UBC") or its affiliates, including information about UBC's various projects and departments. All information that becomes accessible or disclosed to me during the course of this volunteer appointment shall be deemed Confidential Information.
- II. I understand that unauthorized disclosure or use, whether intentional or unintentional, of any Confidential Information would be detrimental to UBC. I acknowledge and agree:
  1. not to disclose to any third party the object and scope of any sensitive discussions that I may be privy to, except as required by law or as may be necessary to enforce the terms hereof;
  2. not to use any of the confidential information for any purpose other than for or in connection with the authorized purpose;
  3. to maintain all of the confidential information in confidence and not to disclose any portion of the confidential information to any person or entity not authorized hereunder without the prior written consent of UBC;
  4. that any dissemination of confidential information shall be only in connection with the authorized purpose, and shall be only to UBC employees, agents or affiliates who have a need to know such confidential information as it relates to the authorized purpose; and
  5. that upon termination of the volunteer relationship, all records, compositions, articles, documents and other items which contain, disclose and/or embody any Confidential Information shall be returned to UBC or destroyed by myself, and I will certify to UBC that I am in full compliance with these provisions.
- III. The obligations pursuant to Section B above shall not apply to information which:
  1. is or becomes a part of the public domain through no act or omission of my own;
  2. can be shown to be already possessed by myself as of the date of disclosure;
  3. shall be made available to myself on a non-confidential basis by a third party having a right to do so;
  4. is disclosed by order of a court of competent jurisdiction; or
  5. UBC authorizes the release of such information in writing.
- IV. The termination of the relationship between myself and UBC shall not relieve me of my obligations of confidentiality and non-disclosure herein or the obligation to return or destroy certain materials.

**Declaration**

I have carefully read the foregoing UBC Volunteer Confidentiality Form and declare I fully understand its contents and my obligations. If the Applicant is not of age of majority, I, as a parent or legal guardian of the Applicant have fully read the foregoing UBC Volunteer Confidentiality Form and fully understand my obligations assumed on behalf of the Applicant.

Applicant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Consent: Required for Applicants under the age of 19 years

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_