MARPOLE-OAKRIDGE COMMUNITY ASSOCIATION

YOUTH VOLUNTEER APPLICATION

T. 604-257-8180 Address: 990 West 59 Avenue, Vancouver, BC
E. anntuaneth.barrera@vancouver.ca

****Form must be filled out by youth applicant****

YOUTH VOLUNTEER INFORMATION

Full Name _____

Date of Birth ___M___ /___D___ /___Y___ Age ____ Email _____

Home Phone _____ Cell _____

Home Address _____

City _____ Postal Code _____

Gender ◯ Male ◯ Female ◯ Other Pronouns ◯ He/Him ◯ She/Her ◯ They/Them

Languages Spoken _____ ◯ Other _____

School _____ Grade _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Relationship to Youth _____ Email _____

Emergency Contact Name _____ Emergency Phone _____

LET US GET TO KNOW YOU!

Describe any extracurricular activities, hobbies, interests or experience that you feel may contribute to your volunteering at Marpole-Oakridge Community Association:

_____

_____

_____

Please describe any previous volunteer or work experience:

_____

_____

_____

Why do you want to volunteer with us? What do you want to gain from this experience?

_____

_____

_____

List any current certifications that would be applicable to your volunteer service: (i.e. First-Aid and CPR, FoodSafe…)

_____

_____

_____

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MARPOLE-OAKRIDGE VOLUNTEER AGREEMENT FORM

Our vision is to be a recognized leader in building community, promoting partnerships, celebrating diversity, enhancing the life and well-being of everyone who lives in our community. Thank you for participating in an important role in the growth and vitality of the Marpole-Oakridge community.

Marpole-Oakridge Community Association agrees to:

- Provide guidance, orientation, and arrange for on-site training and supervision for our respective events.
- Provide opportunities for growth, evaluation and feedback.
- Maintain documentation and verification of the volunteer's service history.
- Provide recognition upon completion of three continuous months or at least 30 hours or more of services (i.e. letter of reference).
- Encourage all volunteers to participate in our programs regardless of race, sex, ethnicity, national origin, ancestry, sexual orientation, or disability.
- Dismiss volunteers who violate BCSC professional policy of conduct, including sexual/racial harassment or discrimination.

Volunteer agrees to:

- Actively participate in services and activities to the best of their ability.
- Participate in orientation(s) and training(s).
- Offer volunteer services without compensation in wages.
- Be reliable, punctual, and honest.
- Follow the supervision and directions of the supervisor to whom I have been assigned to perform my volunteer services and activities.
- Give advance notice to the Community Youth Worker/Staff if I cannot commit to the schedule.
- Maintain volunteer record of hours by signing in and out each shift.
- Provide all documentation(s) required by the Community Youth Worker before being placed.
- Youth 16yrs + are required to complete a Police Information Check, with approved clearance.
- Be free of any substance use prior to or during a volunteer shift.
- Release the Marpole-Oakridge Community Association, employees, boards, volunteers, and partners from and against all liabilities, harms, injuries, damages, and claims which may arise or hereafter be accrued from volunteering.

Volunteer Signature _____ Date M___ / D___ / Y___

PARENT/GUARDIAN CONSENT

I _____, the parent or legal guardian of _____ choose to permit my child/ward to participate in the Marpole-Oakridge Community Association as a volunteer. I understand that my child's/ward's services are being offered voluntarily without anticipating any financial remuneration. I agree that he/she/they will abide by any rules and directions provided by those helping to administer the Volunteer Program.

Note All volunteers under 18yrs must have a parent/legal guardian complete this section.*

Parent Signature _____ Date M___ / D___ / Y___

Submit completed forms to front office or youth room at Marpole-Oakridge Community Centre.

VANCOUVER BOARD OF PARKS AND RECREATION

READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

Please complete form, sign and submit the original copy to Community Centre staff

Community Centre: Marpole-Oakridge Community Centre

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre, and all of their respective officials, directors, officers, employees, volunteers and agents. Anyone under 19 years of age - infant, child or youth - is defined as a "Child" in legal terms.

Activity Name:	Youth Volunteer Program 2026-2027	Date:	Sept 1/26-Aug 31/27	Time:	Various

Activity Description:

☒ See attached

Youth volunteers may assist with event set-up, take-down, and clean-up, including moving tables and chairs, setting up tents, organizing supplies, and helping at craft, game, and other activity stations. These activities may involve physical exertion and common risks such as lifting, trips, slips, falls, bumps, minor cuts or scrapes, uneven surfaces, outdoor weather, and contact with equipment or supplies. Volunteers are expected to follow safety instructions and will only be assigned age-appropriate tasks. By participating, the youth and parent/guardian acknowledge and accept the potential risks associated with these volunteer activities. Youth 16yrs+ require a police info check completed prior to volunteering.

Mode of Transportation: n/a

Child's Name: _____ Parent/Legal Guardian Name: _____

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, with respect to the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF, AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR, ALL RISKS TO THE CHILD IN CONNECTION WITH THEIR PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

(1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;

(2) the nature of the Activity is such that the Community Centre cannot identify all of the risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors in administering or supervising the Activity or that other children participating in the activities will not cause injuries or harm to the Child.

(3) the nature of the Activity is such that the Child will interact with other people who are considered to be in good health, continuous physical distance between the Child and other people cannot be guaranteed, and, by participating in the Activity, the Child risks being infected by a pathogen, including but not limited to SARS-COV-2, which causes the disease COVID-19.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO THEIR PARTICIPATION IN THE ACTIVITY, AND, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

1) **I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** which I and/or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I may suffer, incur or experience in connection with the Child's participation in the Activity; and

2) **I HEREBY RELEASE** the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for, or with respect to, any and all losses, injuries, damage or expenses I may suffer, incur, or experience in connection with the Child's participation in the Activity; and

3) **I AGREE TO INDEMNIFY** the Community Centre for, and hold it harmless from, any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders against it with respect to any and all losses, injuries, damages or expenses of any kind anyone, including the child, may suffer, incur or experience to the extent they or any of them arise from or are in any way connected to my conduct or the Child's conduct in or participation in the Activity.

EMERGENCY INFORMATION AND MEDICAL CONSENT

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name: Child's Date of Birth: (mm/dd/yyyy)

List any medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

Emergency Contacts:

Name: Relation to Child: Phone: Phone:

Name: Relation to Child: Phone: Phone:

PICK-UP PERMISSION :

I understand that it is my responsibility to pick-up or to make suitable arrangements for the pick-up of the Child, immediately on completion of the Activity, and to communicate clearly and effectively to Community Centre Staff, prior to commencement of the Activity, any special instructions regarding the pick-up of the Child on completion of the Activity.

PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while participating in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

☐ YES ☐ NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

I HAVE READ AND I UNDERSTAND THIS DOCUMENT

PARENT/LEGAL GUARDIAN

Signature:

Print Name:

Address:

City: Postal Code:

Home Phone: Work Phone:

Cell Phone: Date:

Email:

PARTICIPANT CHILD/YOUTH

Print Name:

Address:

City: Postal Code:

Home Phone: Cell Phone:

Date:

Reviewed for Completeness by Staff - Initials: