General Information:

Full Name: Phone: Email: \_\_\_\_\_\_\_\_\_\_

City: Province / Territory: Postal Code:

Emergency name and phone: \_\_\_\_\_\_\_\_\_\_\_

Waiver:

As a volunteer participating in a Canadian Cancer Society event/campaign, I agree to the following:

* I will **abstain** from smoking and use of alcohol or drugs while volunteering. I recognize that all Canadian Cancer Society events or services are smoke free and that I should not be under the influence of any alcohol or drugs while I am volunteering.
* I understand that **confidentiality** is fundamental to all programs of the Canadian Cancer Society, and I will strictly abide by and be sensitive to the need for confidentiality.
* I grant **permission** to the Canadian Cancer Society to use my name, any photo or video images of me and any comments made by me in writing or otherwise, for promotional purposes in any form of media (e.g., TV, radio or print).
* During my time volunteering I will agree to act in a **professional** manner at all times.
* **I fully understand and am aware** that there are foreseeable and unforeseeable risks, dangers and hazards associated with my participation in any Canadian Cancer Society activities and/or while volunteering for the Canadian Cancer Society (collectively, the “**Risks**”), **voluntarily and freely assume the Risks**,and all loss, damage, cost, injury or death that I may sustain relating to the Risks, and for consideration that I acknowledge is sufficient, I hereby **release and discharge** the Canadian Cancer Society, its agents, employees, directors, officers and licensees from any and all claims, actions, losses, injuries, damages, expenses, costs or relief of any nature or kind whatsoever, including but not limited to the Risks.

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer Signature: |  | Date: |  |

**We welcome volunteers of all ages; however, we require that all applicants between the ages of 14 – 18 have a parent or legal guardian complete the section below.**

**Parent/Guardian Contact Information:**

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

Phone: Email: \_\_\_\_\_\_\_\_\_\_\_

By signing, I acknowledge that I am the parent or guardian of the above-mentioned youth and I give permission for them to volunteer with the Canadian Cancer Society.

Signature Date

All children aged 13 years and younger must volunteer under the supervision of a parent, legal guardian, club supervisor or teacher. The parent or legal guardian must register as a volunteer directly and provide information about their accompanying child.

We collect your personal information through forms, by phone or in person to evaluate your candidacy for the volunteer opportunities you have applied for and to contact you regarding your interest in volunteering with CCS and provide to you updates about our impact and other ways to support us or give. We may share your personal information with third parties, including others you may be volunteering with, CCS service providers, consultants and advisors, within or outside your province or territory or outside Canada to carry out the purposes identified above, or as required by law. We may contact you by mail, email, phone, or text. You can exercise your right to access your information or have it corrected, unsubscribe from communications, or withdraw your consent by contacting [privacy@cancer.ca](mailto:privacy@cancer.ca). or calling 1-888-575-7645. For more information about our privacy practices, visit cancer.ca/privacy.