



Volunteer Agreement Form

As a volunteer for the Society of Saint Vincent de Paul, I agree to comply with the following:

1. I will complete the volunteer orientation/training program.
2. I will abide by the Society of Saint Vincent de Paul Policies and Code of Conduct as outlined in the Society of Saint Vincent de Paula Canada Rule and Statutes Book.
3. I will commit to participate as a Vincentian for the duration of the program and will provide notification when unable to do so.
4. I understand that all information which I hear directly or indirectly concerning those we help is confidential. I agree to keep all information regarding those I help, fellow volunteer leaders are confidential.
5. If working with children, I will report any suspicions of child abuse of any nature to my volunteer coordinator/supervisor immediately.
6. I understand that I must follow Society of Saint Vincent de Paul policies, procedures and volunteer requirements. If this volunteer placement does not work out, either a representative for the Society of Saint Vincent de Paul or I can terminate this agreement following a discussion with a representative from the Society of Saint Vincent de Paul Canada.
7. I understand that I will receive no monetary or gratuitous payment for any volunteer services performed.
8. I understand that the Workplace Safety and Insurance Act (1997) does not cover illnesses or injuries incurred while performing volunteer duties, and that it is my responsibility to see if medical coverage is provided by the provincial or my personal health care plans.
9. I understand the terms of this agreement and that I will be subject to termination if I violate them.

Name of Volunteer: _____

Signature of Volunteer: _____ Date: _____

Name of Supervisor: _____

Conference: _____ Date: _____