



**RICHMOND CENTRE FOR DISABILITY**  
**2014 Children & Youth Summer Camp**  
(July 7 – August 22, 2014)

**Volunteer Registration Form**

The Richmond Centre for Disability recruits volunteers for the provision of services and activities to people with disabilities to achieve higher level of independent living.

Volunteer's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female   
As of July 1, 2014

Student       Employed       Not Employed       Others

(For Employed only) Occupation: \_\_\_\_\_

(For Student Only) School: \_\_\_\_\_  
As of September 2014

Grade: \_\_\_\_\_

Related Experience: Experience working with persons with disabilities: Yes / No

Experience working with children: Yes / No

Preferred Interview Time **for NEW volunteers only**: (Please specify)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Skills:

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References:  
(with contact info)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

RCD volunteers do not charge for their efforts. We encourage you to review the policies and procedures of the Centre regarding your volunteer initiatives. If there is problem, please do not hesitate to contact the RCD.

Please sign and return this form along with **your resume** and three contacts for references to the RCD.

I certify the above information to be true and correct and authorize the RCD to check the references provided.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

(If you are under the age of 15, please be aware that you need to have a Parental Consent Form filled out for each specific volunteer position.)

For Office Use Only:

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Accepted

Rejected

Notes: \_\_\_\_\_



# Richmond Centre for Disability

2014 Summer Camp (July 7 to August 22, 2014)

## Volunteer Agreement

Volunteer's Name: \_\_\_\_\_

I am hereby accepting the volunteer position at the Richmond Centre for Disability's 2014 Summer Camp for Children with Special Needs, and I am committing my time and effort to provide services to the participants at the summer camp:

Volunteering Schedule: **9am - 1pm, Monday to Friday**

**Thursday or Friday: Whole Day Field Trips 9am – 3:30pm (or as arranged)**

<b>Week 1:</b>	July 7 – 11	<input type="checkbox"/>	special request: _____
<b>Week 2:</b>	July 14 – 18	<input type="checkbox"/>	special request: _____
<b>Week 3:</b>	July 21 – 25	<input type="checkbox"/>	special request: _____
<b>Week 4:</b>	July 28 – August 1	<input type="checkbox"/>	special request: _____
<b>Week 5:</b>	August 11 – 15	<input type="checkbox"/>	special request: _____
<b>Week 6:</b>	August 18 – 22	<input type="checkbox"/>	special request: _____

**(No Summer Camp for the Week of August 4)**

Supervisor: Summer Camp Head Coordinator and RCD In-Charge

I assure that I will abide by the policies and regulations of the RCD and show reasonable responsibility towards the tasks assigned to me. I agree, understand and sign to the job description, the liability and risk involved, the confidentiality agreement and obtain any relevant documents that entitle me to work as a volunteer in this project.

I agree and sign herewith that the RCD is not responsible for any loss, damage, personal injury and death suffered by the participants in the project because of my sole negligence and faults.

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

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



# Richmond Centre for Disability

## Summer Camp (July 7 to August 22, 2014) Volunteer Duty & Confidentiality Agreement

Volunteer's Name: \_\_\_\_\_

I agree, understand and sign to the following details regarding my volunteer contract and confidentiality agreement for my volunteer position with the Richmond Centre for Disability.

1. I agree to adhere to the time schedule that I have promised to commit my time and effort in the capacity of my volunteer position. (Initial: \_\_\_\_\_ )
2. I agree if I am unable to fulfill my duties in any way, I will notify RCD as soon as possible. (Initial: \_\_\_\_\_ )
3. I agree at all times to treat as confidential all information in files, records, computer databases and other sources that I am privy to during the course of my volunteer job with RCD. (Initial: \_\_\_\_\_ )
4. I agree at all times to treat as confidential all personal information relating to participants and their families. (Initial: \_\_\_\_\_ )
5. I agree at all times abide by the volunteer standard code of ethics. (Initial: \_\_\_\_\_ )
6. I agree to be bound by the provisions of this agreement and will continue to do so following termination of my volunteer job for any reason. (Initial: \_\_\_\_\_ )

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

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

Witness: \_\_\_\_\_

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