

## Event Day Volunteer Application

We are grateful for the donation of time, talent and energy by our volunteers.  
We could not do it without you.

### Personal Information

Name: \_\_\_\_\_  Mr.  Ms.  Mrs.  Miss

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

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

Age Group (optional):  14-17  18-25  26-45  46-64  65+

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you bondable?  Yes  No

Volunteer Position & Event: \_\_\_\_\_

Would you like to know about upcoming volunteer opportunities at the Calgary Health Trust?  Yes  No

**Thank you for volunteering with the Calgary Health Trust.** The Calgary Health Trust connects donor passions with health care needs, supporting programs and services in the Calgary Health Region. Without your support, the Calgary Health Trust would not be able to reach our goals. The Calgary Health Trust requires your agreement on the following:

1. I will **abstain** from smoking while volunteering and I recognize that all Calgary Health Trust events or services are smoke free.
2. I will **abstain** from any use of alcohol or drugs prior to and while volunteering at Calgary Health Trust events.
3. I grant **permission** to the Calgary Health Trust 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 (i.e. TV, radio or print).
4. I understand that **confidentiality** is fundamental to all programs of the Calgary Health Trust and I will be sensitive to the need for confidentiality. By signing below, I am indicating that I will not use or disclose in any manner to any third party (other than to Calgary Health Trust attorneys, auditors, or authorized government officials) any information without the prior express written consent of the Calgary Health Trust.
5. I understand that I am representing the Calgary Health Trust during my time volunteering and I agree to **act** in a **professional** manner at all times.
6. I **voluntarily and freely assume all risks** of loss, damage, injury or death that I may sustain as a result of my participation in any Calgary Health Trust activities and hereby **release and discharge** the Calgary Health Trust, its agents, employees, directors and licensees from any claim or action that I may have with respect to my participation in any Calgary Health Trust activities and/or while volunteering for the Calgary Health Trust. This **waiver** is binding on me, my heirs, next of kin, executors, administrators and insurers.

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

Please send back to [bobbi.jensen@calgaryhealthtrust.ca](mailto:bobbi.jensen@calgaryhealthtrust.ca) or fax to: 403-943-0826 and you will be contacted within 2 working days to schedule an interview.