



Volunteer Agreement

Instructions

Complete the attached form including the record "Volunteer Hours and Activities/Duties". Ensure that signatures are included for both the volunteer (and guardian if applicable) and the Ministry Representative.

Program Information

**Project/Program
Name:**

**MECP Organization Unit
(Division/Branch/District, or
Other):**

Volunteer Information

Volunteer Name:

Telephone Number:

Address:

Email Address:

Emergency Contact:

Terms & Conditions

Time Period:

Total Volunteer Hours:

**Description of Volunteer
Activities/Duties:**

**Reimbursement of
Expenses as Follows:**

IN CONSIDERATION OF the opportunity to participate as a volunteer with the Ministry of the Environment, Conservation and Parks ("Ministry"), within provincial parks and/or conservation reserves as part of the Ontario Parks volunteer program, I hereby acknowledge and agree that:

Volunteer Activities/Duties

1. The activities/duties described above that I will perform under this agreement will be undertaken on a volunteer basis.
2. As a volunteer, I will not receive any remuneration, salary, wage, payment or any employee benefit whatsoever, or be covered by Workplace Safety and Insurance benefits through the Ministry.
3. I will not hold myself out as an agent, partner or employee of the Ministry, and nothing in this agreement shall have the effect of creating an employment, partnership or agency relationship between myself and the Ministry.
4. I will complete the relevant Ministry training and orientation sessions required to perform the assigned volunteer activities/duties.
5. I will comply with the *Provincial Parks and Conservation Reserves Act, 2006*, and the *Occupational Health and Safety Act* and regulations and applicable government site-specific health and safety requirements.
6. I will comply with all applicable Provincial Park rules, regulations, policies, guidelines, plans, protocols and procedures, including those related to health and safety, emergency response, communications, workplace discrimination and harassment, and accessibility.
7. Using the attached form, I will record and maintain an accurate daily log of the number of hours worked and details of the activities/duties completed.
8. When dealing with the public, I will ensure that I carry volunteer identification provided by the Ministry.
9. Material, equipment or services to be provided by the Ministry for volunteer use may include the following:

The material or equipment listed above is the property of the Ministry and must be returned on demand.

Confidentiality

10. I acknowledge that, in the course of performing the volunteer activities/duties, I may have access to information that may be confidential. I agree to protect any confidential information under my custody or control from unauthorized disclosure to any person or organization. I will not disclose to any member of the public, either verbally or in writing, any confidential information acquired in the course of performing the volunteer activities/duties under this agreement.

Insurance

11. The Ontario Government maintains an Accidental Death and Dismemberment Policy which applies to Ministry volunteers. The criteria by which a volunteer would qualify for the policy benefits are restrictive and the benefits are limited.
- Subject to these qualifications the policy provides benefits to the volunteer if the volunteer is injured while performing the duties listed above.
12. The Ontario Government General and Road Liability Protection Program provides coverage for volunteers as Protected Persons. (Note: This Program protects volunteers from suits arising through injury caused to another person or another person's property while performing the duties listed above.)
13. The Ontario Government fleet insurance policy provides liability insurance and accident benefits to all persons (including volunteers) authorized to drive or ride in government vehicles.

Notice of Collection of Personal Information

14. Thank you for volunteering with the Ministry as part of the Ontario Parks volunteer program. Your trust is important to us and we're committed to protecting the privacy and security of your personal information. The handling of all personal information by the Government of Ontario is governed by the *Freedom of Information and Protection of Privacy Act*.

The Ministry is collecting your personal information under the authority of section 29 of the *Provincial Parks and Conservation Reserves Act, 2006*.

Information we collect:

The Ministry does not automatically gather personally identifiable information as part of the Ontario Parks volunteer program. Personal information collected is provided voluntarily by individuals volunteering within provincial parks and/or conservation reserves.

The personal information you provide will only be used or disclosed for the purposes for which it was collected. Personally identifiable information will not be disclosed or otherwise transferred to unaffiliated third parties.

How we use the information we collect:

The personal information collected will help us manage the Ontario Parks volunteer program. It will be used for the purposes of (1) contacting volunteers, (2) coordinating volunteer opportunities and events, (3) Ministry communications, and (4) Ministry analytics to improve programs.

Communication - SMS Messaging

Mobile phone numbers collected as part of this agreement may be used by the Ministry to send mass SMS emergency messages to alert you in the event of an emergency (like severe weather, wildfire, etc.), during your volunteer work in provincial parks and/or conservation reserves.

Termination

15. This agreement may be terminated, without notice, at any time and for any reason at the sole discretion of the Ministry representative or at the request of the volunteer.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS AND CONDITIONS.

Signatures

Volunteer Name:**Volunteer
Signature:****Date:****Parent Guardian
Name**

(if volunteer is under
the age of 18):

**Guardian
Signature:****Date:****Ministry
Representative:****Signature:****Date:**