



VOLUNTEER REGISTRATION AND ACKNOWLEDGEMENT

(PLEASE PRINT ALL INFORMATION)

Name of Volunteer: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency Contact: _____ Telephone: _____

Volunteer Duties (Describe Briefly):

Supervisor: _____ Title: _____

Department: _____ Telephone: _____

Start Date: _____ End Date: _____

In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with the Carleton University and that I am not entitled to receive a salary or any employee benefits including any workers' compensation. I understand that either the University or myself may terminate this volunteer relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering at the University and I agree that I will not disclose any information without the prior written authorization from the Carleton University. I understand that my obligation of confidentiality continues into perpetuity.

Completed on _____ (day) _____ (month), _____ (year)

Signature of Volunteer

Signature of Supervisor

FORM RETENTION: Department retains original of this form for a minimum of five years. If requested, volunteer may be given a copy.