

References

Please note: As an agency serving frail seniors, we contact references and request police checks.

1. Name: _____

Address: _____

Phone #: _____ Relationship to applicant: _____

2. Name: _____

Address: _____

Phone #: _____ Relationship to applicant: _____

Emergency contact information:

Emergency Contact: _____ Phone # _____

Family Doctor: _____ Phone #: _____

Ontario Health Card #: _____

Do you have any medical information (allergies, conditions, etc.) that Sunshine Centres for Seniors should be aware of? _____

CONFIDENTIALITY CLAUSE

I, _____, agree to hold in confidence all confidential matters that come to my attention while serving as a volunteer with the Sunshine Centres for Seniors. This especially includes personal information with regards to members. Furthermore, I will use in a responsible manner, information gained in the course of my volunteer placement.

WAIVER

I acknowledge that participation in or attendance at the programs, activities or events of Sunshine Centres for Seniors may involve certain risks due to the possibility of accidents and that I am solely responsible for my personal safety, well being and health while participating in or attending any such program, activity or events. I understand that photos taken during programs may be used by SCS for publicity or fund-raising purposes only and hereby grant permission for their use.

In consideration of my being permitted to participate in or attend such programs, activities or events, I and my heirs, release and indemnify Sunshine Centres for Seniors, their directors, employees and volunteers and volunteers against lawsuits, claims or costs as a result of anything that may happen to me or my property as a result of my Participation or attendance.

I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE FOREGOING.

PLEASE SIGN HERE _____ **DATE:** _____