Date

<u>University of Manitoba</u> <u>Volunteer Identification, Acknowledgment and Waiver Form</u>

Name	(last)	(first)		
Address	(street)	(postal/zip code)		
	(city,town)	(province/state)	(province/state)	
Phone #		(country)		
Supervisor	(last name)	(first name)		
Supervisor's		Phone #	:	
Department				
Emergency Contact		Phone #		
Volunteer Activities				
Start Date		End Dat	e	
(If yes, please provide Will you need to drive	nse or certificate required to perfor de a copy of the required document e a vehicle to perform these activiti to a copy of a valid Manitoba Driver	t) ies?	Yes[] No[] Yes[] No[]	
. Are you receiving ac	ademic credit for volunteering? te the name and number of the col	,	Yes [] No []	
Course Name:	Number:	Institution:		
	of Manitoba student, staff, or facul te student/employee number, facu		Yes [] No []	
Number:	Faculty:	Department:		
eers may perform a vang in teaching, guest ditrips and/or for athler eers must have the nimed, must meet the apers are not subject table University bylaws entiality of informatio	lecturing, assisting with registration tic events and students who volunt ecessary training and/or supervisi proved license/certification and Up o any provisions of law related to policies and procedures and to a n contained in Student, Human F	iversity activities. Some examples in, working in Health and Learning eer for campus events or activitie ion to safely carry out their volun inversity requirements and/or have employment. In carrying out the ct under the direction of University Resource and Financial records	Centers, driving vehicles s. teer activities and depen e a valid driver's license. ir volunteer activities, vol v officials and administrate	clude, but are not limited to: teaching is on official University business such ding on the particular function to be unteers are expected to comply withors.
	s must be maintained in a confiden	itiai manner at all times.		
wledge that I shall not terminate my volunte	nor shall I expect to receive any for	orm of payment for volunteer tale ny reason. The University also re	nts and services I contribe eserves the right to end	the abovementioned supervisor and ute to the University. I recognize tha my volunteer service whenever the on.
se, Waiver and Inden	nnity	-	-	
ise the University, its of the volunteer relationses, damages, costs lunteer relationship wi	servants, agents and employees to onship with the University. Further, or expenses arising from any clai	, I hereby indemnify and hold har ms or demands which may be ma	mless the University, its s ade against the University	and expenses that I may suffer as a ervants, agents and employees from y arising out of or in consequence o self, my heirs, executors and assigns
/olunteer Signature		Supervisor Signature		-
ease print name		Please print name		-

Date