



VOLUNTEER FORM

Name: _____ Phone: _____

Address: _____

Health Card # _____ Email: _____

1. Persons to notify in case of an emergency

Name: _____ Phone: _____

Name: _____ Phone: _____

2. Skills & Interests:

3. Language Ability: English _____ French _____ Other _____

4. Volunteer Assistance You Wish to Perform (Please check all that apply):

Office _____ Library _____ Special Programs _____ Computer _____ Fundraising _____

Seniors _____ New Muslims _____ Funerals _____ Other _____

5. Work/Volunteer Experience: _____

6. Have you been convicted of a criminal offence for which you haven't been pardoned? Yes No

7. Availability:

Day(s) of the Week _____ Time of the Day(s) _____

I hereby agree –

- a) to respect the confidentiality of all information that I may receive regarding any staff member or community member while serving as a volunteer;
- b) to authorize the Board to contact agencies/organizations where I previously served as a volunteer;
- c) that I may be subject to a criminal police check.

DATE: _____ SIGNATURE: _____



Islamic Centre of Cambridge

VOLUNTEER'S AGREEMENT

for the Protection of Privacy

and for the Consent to Disclose the Volunteer's Personal Information when Relevant

The Volunteer's role in the centre is one of partnership with the employees of the Islamic Centre of Cambridge. In this capacity, it is understood that the volunteer will follow the terms and conditions relating to security and confidentiality of personal information according to the Municipal Freedom of Information and Protection of Privacy Act.

Pursuant to ICC policies, it is understood that the volunteer will work under the direction of an appropriate staff member and be privy only to that information that is necessary for working effectively with at the centre and/or for the purpose of performing the task assigned, e.g., office/clerical.

Confidentiality Statement & Consent for the Disclosure of Personal Information

1. I have read the above information and understand that, as part of my volunteer responsibilities, I may be privy to confidential information about an individual such as addresses, home phone numbers, etc. I will not, in any way, discuss or disclose personal information that I may be privy to as part of my volunteer position.
2. I do not object to my telephone number being released to another individual for the purpose of being contacted if needed.

Name of Volunteer: _____ Date: _____

Signature of Volunteer: _____