

ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD POLICIES AND PROCEDURES SECTION B: ADMINISTRATION

Appendix 2

DONATED LABOUR ACKNOWLEDGEMENT AND DISCLAIMER WAIVER

Instructions: All those participating in projects on or within the school building or grounds must complete this form and return to the Principal before any work is to commence.

SECTION A: VOLUNTEER DUTY/ACTIVITY		
I, the undersigned hereby acknowledge and agree that I will be performing the following duties and/or activities:		
SECTION B: LOCATION		
Name of Board site:		
SECTION C: DATE OF DUTY/ACTIVITY		
Event:		Date:
SECTION D: TYPES OF VOLUNTEERS		
Please read and confirm:		
I am a trade or professional volunteer and confirm I have completed the Contracted Services Program, criminal (police) background check is on file and relevant insurance protection is in place.	I am a non-professional volunteer and I will not operate power tools or equipment. This includes battery-operated devices.	
Volunteer's Signature	Volunteer's Signature	
SECTION E: ACKNOWLEDGEMENT OF ELEMENT OF RISK		
I understand donating labour presents various elements of risk. Accidents resulting from such activities may occur and cause injury. These risks must be assumed by the volunteer. As a volunteer, I understand that I am not an employee of the St. Clair Catholic District School Board and am not covered by the Workplace Safety & Insurance Act in the event of accidental injury or disease. I understand that the St. Clair Catholic District School Board does not carry medical insurance for volunteers and that any medical expenses incurred by me due to an accident would be my responsibility. I hereby, on behalf of myself, my heirs, executors, administrators and assigned demise, release and forever discharge the St. Clair Catholic District School Board, its successors and assigns, of and from all manner of actions, causes of actions, suits, debts, dues, accounts, bonds, covenants, contracts and demands whatsoever which against the St. Clair Catholic District School Board I may press or commence arising out of and caused from the use of such volunteer duties and activities as described above or the demonstration of the same.		
Dated at _____, this _____ day of _____, 20__ .		
Signature of Volunteer:		
Print Name		
Address		
Telephone:	Home	Cell
Signature of Principal		
Signature of Manager - Facility Services		

Once completed forward to the Manager - Facility Services for record keeping and audit purposes.