



Auxiliary for Comox Valley Healthcare PARTICIPATION AGREEMENT

Please read this page carefully. Your signature at the bottom of the page indicates that you understand and agree to each of the

items below.

1. I, _____, agree to serve as a volunteer and will:
(please print)
- perform my volunteer duties to the best of my ability;
 - fulfil my time and duty commitment, or provide adequate notice so that alternative arrangements can be made; and
 - act at all times as a member of the health care team, to help achieve the mission of Auxiliary for Comox Valley Healthcare.

2. I give permission for the Auxiliary for Comox Valley Healthcare to perform a check of my background, which may include:
- past employment and/or volunteer history;
 - personal references and/or police check, and
 - other persons or sources as appropriate for the volunteer service(s) in which I have expressed an interest.

I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability for the types of volunteer service in which I will be involved, and that all information collected during the check will be kept confidential.

3. I give permission to the Auxiliary for Comox Valley Healthcare to take photographs and to store registration or personal information electronically.
- I understand that
- information collected at the time of registration will be stored electronically and used for management functions by the Auxiliary for Comox Valley Healthcare;
 - all volunteers are required to have official photo identification; and
 - from time to time, pictures may be taken and used for publicity and display purposes.

4. I authorize the Auxiliary for Comox Valley Healthcare to provide references, both written and verbal, relating to my volunteer service.
- This permission is required by the *Freedom of Information Act*.

5. I will adhere to Auxiliary for Comox Valley Healthcare policies and procedures.
- I understand and will respect the policies of the Auxiliary for Comox Valley Healthcare concerning confidentiality, record keeping, wearing an identification badge during volunteer duties, and return of the badge if I leave my volunteer placement.

Signature: _____

Date: _____ / _____ / _____
Day Month Year

