Terms and Conditions for Support Workers (Volunteer Engagement)

MISSISSAUGA

These terms and conditions apply to any professional support worker who accompanies and provides essential assistance to a City of Mississauga volunteer with a physical disability and/or neurodivergence, for the purpose of fostering the volunteer's independence in carrying out their assigned duties.

The eligibility to accompany a volunteer is conditional upon the City of Mississauga receiving this document, duly completed and signed, in agreement to these Terms and Conditions.

A. Terms and Conditions

1. Nature of Engagement: I understand that I am only to assist and support my assigned volunteer(s), and I am not a volunteer or an employee of the City of Mississauga. I understand that I will not receive any remuneration, salary, wage, payment or any employee benefit whatsoever, or be covered by Workers' Safety and Insurance benefits, from the City of Mississauga.

2. Assumption of Risk: I agree to assume all risk of loss or injury to myself or damage to my property while on any of the premises of the City and elsewhere resulting directly or indirectly from my activities and performance while engaged as a support worker.

3. Waiver of Liability: I, or any others who may claim on my behalf, waive my right to sue, and release and discharge the City (which includes its Mayor, Councillors, officers, employees, volunteers, successors and assigns) for any and all claims for personal injury and/or property damage that may arise from, or any loss, costs, damages or expenses that are in any way connected to my role in assisting and supporting the volunteer(s).

4. Confidentiality, Privacy and Non-disclosure: I understand that I may acquire, have access to or be exposed to the City's confidential information. I agree that any such confidential information in my custody is adequately secured at all times and I shall not, at any time, disclose to anyone such confidential information, except as may be required or permitted by law, or at the request of the City, or under the written consent of the City, or as required by the City to perform the volunteer services. If I know any confidential information has gone astray, I will immediately inform the City so that a recovery plan can be implemented.

5. Contributing to a Respectful Workplace: Members of the general public, visitors to City facilities, volunteers and their support workers, and individuals conducting business with, or performing work on behalf of, the City are required to adhere to the Respectful Workplace Statement of Commitment. Groups which are affiliated with the City or which appear on the City's volunteer group register, through Corporate Policy and Procedure - Community Group Registry Program, while independent of the City in their operations, are required to adhere to the Respectful Workplace Statement of Commitment.

6. Orientation and Training: I understand that the volunteer(s) whom I will be assisting must adhere to the standards of engagement and behaviour as outlined in the Volunteering Terms and Conditions and the City of Mississauga Volunteer Orientation. I will familiarise myself with these requirements.

7. Consent to be Contacted by the City: I hereby consent to receive communications from the City relating to the volunteer program, volunteer opportunities or other issues affecting the City. I understand I may at any time withdraw my consent; however, the withdrawal of consent will result in my withdrawal from accompanying the volunteer and termination of related communications.

8. Audio, Video and Photo Consent: I understand that by giving my consent I authorize the City to use my name, take photographs (digital or hard copy), portraits or pictures, video recordings, audio recordings, video images and/or mp3 files (collectively called "Images and Recordings") of me or in which I am included and use such Images and Recordings for marketing, advertising, promotional, publicity and/or communication purposes, and without any payment or compensation to me of any kind.

By giving consent, I hereby agree to release and forever discharge, the City, its respective officers, elected officials, employees, representatives, successors and permitted assigns from all liability, whether direct or indirect, and hereby waive all claims, demands, expenses, actions and causes of action which may arise from the publication, reproduction, distribution, modification, collection, disclosure or any other use of the Images and/or Recordings authorized to be collected pursuant to or on this form.

By giving consent, I agree to and accept the possibility of flaws, distortions and inaccuracies in the reproduction and/or alteration of the Images or Recordings of me, for whatever reason. I understand and agree that the City has no control over third parties' misuse of the Images and/or recordings displayed or showcased on the City's website and other publications.

I understand that this consent and release will be governed by the laws of the Province of Ontario.

B. Declaration and Agreement

Record of Offences Declaration

Have you ever been convicted of a criminal offence in Canada for which a record suspension (also known as a pardon) has not been granted and/or you have outstanding charges or warrants?

☐ Yes ☐ No

Consent to be Audio recorded, Videotaped and Photographed

☐ I consent ☐ I do not consent

Support Worker:

I, the undersigned, hereby acknowledge and confirm that I have read, understood and agree to all of the terms and conditions above regarding participation as a City of Mississauga volunteer's support worker. I confirm that the information I provide to the City will be true and complete to my knowledge.

First Name

Last Name

Email Address

Phone (On-field Contact)

Signature

Date Signed (YYYY MM DD)

Please insert your signature. Typed names will not be recognized, and the form will be considered incomplete.

Confirmation by Engaging Organization/Institution

We confirm that the support worker mentioned in this agreement is in good standing with our organization/institution and has been recruited/hired subject to a formal screening process, including a review of a Police Vulnerable Sector Check that was satisfactory to the Organization/Institution.

Organization/Institution Name

Address: Street Number and Street Name

Unit/Suite Number

City

Province

Postal Code

Support Worker's Supervisor or Organization's/Institution's Liaison

First Name

Last Name

Position Title

Email Address

Phone (Direct Contact)

Signature

Date Signed (YYYY MM DD)

Please insert your signature. Typed names will not be recognized, and the form will be considered incomplete.