



The Galiano Club P. O. Box 219, Galiano Island, B.C. V0N 1P0
Tel: (250) 539-2175 Web: www.galianoclub.org
Email: galianoclub@gmail.com

The Galiano Club Volunteer Agreement

**Thank you for your interest in making a volunteer contribution to our community.
We all benefit from working together.**

The Parties to this Agreement acknowledge and agree as follows:

1. The Galiano Club provides a range of services to the Galiano community, the majority of which are dependent, to a greater or lesser degree, on participation of volunteers. These volunteer opportunities all have associated risks. Depending on the activity, these risks can include, but are not limited to falls, cuts, burns, sprains and can, in some circumstances, include the risk of serious injury or death.
2. The Galiano Club takes the safety of its volunteers very seriously. Therefore, as a Volunteer you are expected to follow the direction of the assigned Coordinator or other person leading the activity. If, as a Volunteer, you feel that some activities or parts of activities are beyond your capacity, inform the coordinator or person in charge. The Coordinator is responsible for the supervision of the activity and will provide you with an orientation. Depending on the activity, volunteer duties will vary. If the activity involves equipment, the Coordinator will provide instruction in the use of that equipment. For activities involving the preparation or serving of food, the Galiano Club recommends that you take FoodSafe. Volunteers may still participate if they do not have FoodSafe. The Club sponsors FoodSafe workshops from time to time. All Coordinators preparing food have FoodSafe and will provide direction.
3. Should you as a Volunteer have any questions, you are requested to ask the Coordinator of the activity for which you are volunteering. If you observe any significant hazard, you are to notify the Coordinator or person leading the activity immediately. At no time are you required to participate in an activity that you feel is unsafe for you. If you have any complaints or concerns, please contact the Executive Director, Alison Colwell at 250-539-2363.
4. As a Volunteer, the Galiano Club requires that you disclose, on a confidential basis and to the Executive Director of the Galiano Club, any disability, physical or mental, that would affect your participation in your chosen volunteer activity. The Executive Director will discuss the volunteer activity with you, including any accommodation(s) that might be necessary. If necessary, and with your consent, the Executive Director may discuss your particular circumstances with the appropriate Coordinator. The Galiano Club acknowledges that it has a duty to accommodate such disabilities to the point of undue hardship. However, given the Galiano Club's limited resources it may not be able to accommodate you in your chosen activity. If this should occur, the Executive Director will discuss other opportunities that would be beneficial to both the Galiano Club and you and that would serve to accommodate your disability. As a Volunteer, you acknowledge that despite its best efforts, the Galiano Club may not be able to accommodate your specific disability in any of the programs offered by it.
5. At the time of signing this Agreement, the Galiano Club provides the following volunteer opportunities under the supervision of staff Coordinators:

Alison Colwell	Emma Davis	Barry New	Kris
Soup and Bread Games Night School Cooking Nettlefest Community Pot Luck Picnic Winter Solstice Pot Luck Dinner Cheese Club Cooking Classes Workshops	Gleaning Garlic Co-op Workshops	Community Greenhouse	School Garden and School Program School Applefest School Nettlefest
Note: All school volunteers are required to have a criminal record check, renewed every 3 years.			

6. As a Volunteer you are expected to treat others, including the Galiano Club staff, with respect and to respect their privacy. The Galiano Club retains the right to decline your participation in any volunteer activity, if for any reason, you become disruptive in any activity or if you fail to follow the instructions of the Coordinator.
7. The Volunteer acknowledges that they are of lawful age and in consideration of being allowed to volunteer and/or to participate in the Galiano Club's programs, events and activities, the Volunteer releases and forever discharges the Galiano Club, its directors, agents and/or employees, other participants, and, if applicable, owner(s) and lessor(s) of property and/or premises used for the Galiano Club activity from all manner of action for or by reason of any injury to person or property, including injury resulting in the death of the Volunteer, which may have been or may be sustained as a result of the presence and/or participation of the Volunteer, whether arising solely or in part from the negligence of the owner(s) or lessor(s).
8. Further, the Volunteer understands that by signing this Agreement, they agree to be forever prevented from suing or otherwise claiming against the owner(s) or lessor(s) from any property loss or personal injury that may be sustained while participating as a volunteer.
9. The Volunteer acknowledges that this Agreement is given with the express intention of effecting the extinguishment of certain obligations owed to the Volunteer and with the intention of binding their spouse, partner, heirs, executors, administrators, legal representatives and assigns.
10. The Volunteer agrees to comply with all the above stated expectations and releases.
11. The Volunteer acknowledges and agrees that they have carefully read this Agreement and that they understand it. Further, the Volunteer acknowledges that they have been given the opportunity to seek independent legal advice, or to speak to a family member, colleague or friend, before signing this Agreement and that they are freely and voluntarily signing it.

Volunteer's Name:	Emergency Contact Name:
Telephone:	Emergency Contact Number:
Email:	Emergency Medical Information, if applicable ¹ :
Signature of Participant:	Signature for the Galiano Club:
Date:	Witness:

FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/legal guardian of _____ do consent and agree to his/her participation and acknowledge that there may be associated risks with their participation or attendance at an activity and I agree to assume responsibility for their supervision.

Print name: _____

Signature: _____
