

VOLUNTEER CONTRACT

WESTERN ENGINEERING VOLUNTEER PROGRAM

As a volunteer with Western Engineering’s Volunteer Program:

1. I acknowledge that I may have access to confidential or proprietary information during the course of my work term. During and after my employment, I will hold all confidential information in trust and confidence. I will not use, disclose, communicate or convey any such information, except as required in the performance of my role.

I will not allow any unauthorized person or person to inspect or have access to any document that is of a confidential nature, regardless of media format, and I will report any unauthorized access to the department Administrative Officer as soon as I become aware that such an incident has occurred. I will not remove any records containing confidential information, unless authorized to do so by my host/department Administrative Officer and I will return such records upon termination of my assignment or as requested by my host/department administrative officer.

1. I will fulfill the Volunteer Work Duties listed on page 2 of this contract.
2. I will complete the following mandatory training courses:
   * Worker Health & Safety Awareness Training
   * Comprehensive WHMIS – Workplace Hazardous Materials Information System
   * Safe Campus Community – Preventing Harassment, Violence, and Domestic Violence at Western
   * Accessibility in Service
   * Laboratory Safety – Hazardous Waste and other training identified by my host/department if required to be in a laboratory.

For more information on Required Training: <http://www.uwo.ca/hr/learning/required/index.html>

1. I will obtain and provide proof of completed training to the department Administrative Officer

Registration: You will receive an email “Associated Person Registration with Western University” from Human Resources with further instructions. You will be notified by email when registration is complete. Two business days later, you can join online safety courses on OWL or register for classroom-based training on My Human Resource. Note:   
If you do not have a Canadian Social Insurance Number, please check box  and obtain a Register New Associated Persons form from the department Administrative Officer.

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| Volunteer Contract | | | | |
| Volunteer Position Title | |  | | |
| Department | |  | | |
| Start Date |  | | End Date |  |
| Name of the Volunteer | |  | | |
| Western ID Number | |  | | |
| Email Address | |  | | |
| Name of the Host | |  | | |
| Volunteer Work – What the volunteer will be doing & anticipated time to do work (1 day per week) etc. | | | | |
|  | | | | |
| Volunteer Work Duties | | | | |
| In Consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with Western University and that I am not entitled to receive monetary compensation or any employee benefits including workers compensation. I understand that either the University or I may end this volunteer relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering at the University and I agree that I will not disclose any information without the prior written authorization from Western University. I understand that my obligation of confidentiality continues into perpetuity. | | | | |
| Signatures | | | | |
|  | | |  | |
| Signature of the Volunteer | | | Date | |
|  | | |  | |
| Signature of the Host | | | Date | |