



The Corporation of the

**Township
of
Uxbridge**

In The Regional Municipality of Durham

Town Hall
51 Toronto Street South
P.O. Box 190
Uxbridge, ON L9P 1T1
Telephone (905) 852-9181
Facsimile (905) 852-9674
Web www.town.uxbridge.on.ca

Volunteer - Committee Member Confidentiality Statement

The Township of Uxbridge and its Committees, Volunteers and Employees adhere to the requirements of the Municipal Freedom of Information and Protection of Privacy Act,

I, _____, am a Volunteer-Committee Member working as a Citizen Member of the Corporation of the Township of Uxbridge.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

THAT the Municipal Freedom of Information and Protection of Privacy Act provides that all persons appointed or chosen under the authority of a municipal council are governed by the said Act and includes citizen members of committees and volunteers appointed by Council from time to time;

THAT the Municipal Freedom of Information and Protection of Privacy Act, Section 48, provides for penalties for contravention of the said Act;

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT in the course of carrying out my volunteer role, I may have access to and may be dealing with records containing confidential information and/or personal information which reveals the identity of the person who is the subject of the record or identify a person who has provided information about the subject of the record;

I HEREBY AGREE to hold such information confidential and, except as may be legally required, will not disclose or release it to any person at any time without proper consent or authorization;

I FURTHER AGREE to take appropriate security measures to prevent unauthorized access to confidential information.

DATED at the Township of Uxbridge this _____ **day of** _____, **20**__.

Signature: _____ Witness: _____

Township of Uxbridge documents are available in alternate formats upon request. Please fill out the Accessibility Request for Alternate Formats Form at www.town.uxbridge.on.ca or contact the Accessibility Coordinator at 905-852-9181 ext. 209 or at accessibility@town.uxbridge.on.ca.



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Volunteer- Committee Member Agreement/Release & Waiver Form

I, by signing below, in participating in volunteer activities with the Corporation of the Township of Uxbridge ("Township") in consideration for the Township allowing me to participate, fully understand and agree to the following:

1. I am a qualified eligible elector of the Township of Uxbridge.
2. No pay, payment, salary, wage or employee benefits (such as accident, disability, medical, dental or other insurance coverage) whatsoever will be paid to me and I will not be covered by Workplace Safety Insurance Board coverage.
3. I acknowledge that performing volunteer activities may involve certain elements of risk or the chance of an accident and I hereby release the Township and its elected officials, officers, employees and agents and their respective successors, assigns, heirs and executors from all claims for loss, damage, or injury.
4. I understand that I will be covered under the Township's blanket liability policy.
5. I will abide by all applicable Township by-laws, policies and rules, as may be amended from time to time.
6. I will not use facilities, equipment and property owned by the Township without approval of a Township staff person, and will not use them for personal purposes.
7. I will immediately notify the appropriate Township supervisor of any incident that involves property damage or personal injury during my volunteer duties.

By signing this form:

- I acknowledge that I have read and understood the preceding conditions, release and waiver; and
- I agree to the preceding conditions release and waiver

| | | |
|-----------------------------------------|--|------------------------------|
| Name of Volunteer: _____ | | Date: _____ |
| Signature: _____ Volunteer | | _____ Witness |
| Emergency Contact for Volunteer: | | |
| Name: _____ | | Contact Number: _____ |

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NOTE: Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act c.M56 s.29(2) and will be used to appoint citizen members to town boards, or committees. Information on this form will be disclosed to the public for candidate selection purposes. Questions about this collection should be directed to the Township Clerk at the address indicated at the top of the application.



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Volunteer - Committee Member Application Form

I am interested in participating as a volunteer on the following boards and/or committee(s):

Explain why you would like to serve on each board or committee identified above, including any skills or experience which would be of value to the committee or board:

Do you have any experience volunteering?

☐ YES

☐ NO

If Yes, in what capacity:

We want to ensure persons with disabilities are able to participate on municipal committees. If you have a disability, what accommodations, if any, would you need to carry out this position?

Please provide any additional information which may be of assistance in the selection process.

Applicants Signature: _____ Date: _____

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