

## Appendix 4b: Volunteer Consent High Risk

### Program/Activity Information

Destination/Activity

Activity Description

	<u>Departure Date</u>	<u>Departure Time</u>	<u>Return Date</u>	<u>Return Time</u>
	12-Jun-2023	9:00 AM	14-Jun-2023	2:30 PM

Area of Study (as related to BC Curriculum)

Transportation: (check all that apply)  School District bus/van  Walking  Public Transportation  Charter Bus  Rental Van  
 Service Provider  Other (Specify)

Drivers: (check all that apply)  Volunteer Driver, Staff/Supervisor  Professional Driver(s)  
 Other (Specify)

Lead Teacher

Total number of supervisors planned  Supervisory Arrangements

Estimated Cost to Volunteer

What to Bring

Other Considerations

Risks inherent in the trip:

Involves water-based activities (See appendix eight)

Safety plan for inherent risks:

### Board Expectations for Volunteers

Volunteers are an important part of the leadership team for an off-site activity and are expected to:

1. Review and comply with relevant board policy.
2. Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure.
3. Exhibit positive behaviour and be an acceptable role model.
4. Support and follow the school code of conduct.
5. Have qualifications appropriate for the off-site activity.
6. Report any inappropriate conduct to the lead teacher.
7. Adhere to the schedule or itinerary.
8. Dress appropriately for the off-site activity.

## Volunteer Consent and Acknowledgement of Risk

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
4. I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
7. I understand that I am obliged to keep confidential any student personal information (in particular health information) that is disclosed to me by school district personnel, parents, and/or students, except as required for the purposes of discharging my obligations on the off-site activity.
8. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
9. I acknowledge that the trip supervisors may secure such emergency medical services (e.g., ambulance) as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services.
10. I understand, acknowledge and consent to the above as described herein.

Volunteer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

- Yes, I have a current medical concern/condition that the school should be aware of. (Complete Emergency Medical Information Form for Volunteers and Staff with the school office)