

Brock University

Unpaid Volunteer Appointment Form

Brock University recognizes the value of volunteers in the research, teaching and administrative work of the institution. All such work or activities do, however, involve the possibility of risk to participants. Brock University encourages volunteers in the work and activities of the institution, but under conditions intended to minimize the risk and by clearly defining the responsibilities of both University employees and volunteers. The following are conditions under which individuals (aged 16 or older) may volunteer to work without monetary compensation at Brock University.

1. The Department Chair/Manager and the Dean/Director must authorize the volunteer to take part in the specific activity and this authorization will only be given after the conditions described herein are satisfied. The duration of the authorization will be as specified, usually limited to one semester but can be up to 12 months.
2. Where appropriate, each unpaid volunteer must participate in appropriate safety training before starting the volunteer activities (completed the training indicated in the attached Risk Assessment and Emergency Management Plan).
3. Each unpaid volunteer must be supervised by a faculty or staff member or competent * graduate student and the Principal Investigator (PI) or supervisor must agree to accept the health and safety responsibilities of a supervisor as described below
4. Each unpaid volunteer shall sign a statement relinquishing Brock University of any legal responsibility should the volunteer be injured while taking part in the work or activity. The volunteer will also accept the health and safety responsibilities described on page 2 of this document.
5. International visiting unpaid students or scholars should provide proof of adequate medical insurance coverage for the duration of their volunteer appointment.

Supervision Requirements:

A Principal Investigator (or Supervisor) responsible for Volunteers shall;

- a. provide information, instruction and supervision to a volunteer to protect the health or safety of the volunteer;
- b. acquaint the volunteer with any hazard in the work and in the handling, storage, use, disposal and transport of any article, device, equipment or a biological, chemical or physical agent;
- c. only employ in or about a workplace a person over such age as may be prescribed (no volunteers under the age of 16) and not knowingly permit a person who is under such age to be in or about a workplace;
- d. take every precaution reasonable in the circumstances for the protection of a volunteer;**
- e. in a medical emergency for the purpose of diagnosis or treatment, provide, upon request, information in their possession, including confidential business information, to a legally qualified medical practitioner and to such other persons as may be prescribed;

A Principal Investigator (supervisor) shall ensure that a volunteer:

- a. works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act; R.S.O. 1990, c. O.1, s. 27., Regulations made under the Act and Brock University Policies and Procedures (Manuals can be found on the EHS website; <http://www.brocku.ca/oehs/safety/>)
- b. uses or wears the equipment, protective devices or clothing that Brock requires be used or worn.

Additional duties of supervisor

- a. advise a volunteer of the existence of any potential or actual danger to the health or safety of the volunteer of which the supervisor is aware (complete Volunteers at Brock: Risk Assessment and Emergency Management Plan);
- b. where a significant safety hazard exists, provide a volunteer with written instructions as to the measures and procedures to be taken for protection of the volunteer; and
- c. ensure compliance with the Occupational Health and Safety Act; R.S.O. 1990, c. O.1, s. 27.

* "competent person" means a person who,

- (a) is qualified because of knowledge, training and experience to organize the work and its performance,
- (b) is familiar with this Act and the regulations that apply to the work, and
- (c) has knowledge of any potential or actual danger to health or safety in the workplace; ("personne compétente")

Volunteer Responsibilities

Responsibilities of Unpaid Volunteers Working at Brock University

A volunteer shall,

- (a) work in compliance with the provisions of Occupational Health and Safety Act; R.S.O. 1990, c. O.1, s. 27 and the regulations; and in accordance with all relevant Brock University Policies, Procedures and Codes.
- (b) use or wear the equipment, protective devices or clothing that the volunteer's supervisor or Brock University requires be used or worn;
- (c) report to his or her supervisor the absence of (or defect in) any equipment or protective device of which the volunteer is aware and which may endanger himself, herself or another; and
- (d) report to his or her supervisor any contravention of the Occupational Health and Safety Act; R.S.O. 1990, c. O.1, s. 27 or the regulations or the existence of any hazard of which he or she knows.

(2) No volunteer shall,

- (a) remove or make ineffective any protective device required by the regulations or by Brock University, if a protective device is not functional or has been made ineffective it shall be immediately reported to a supervisor and the protective device shall be replaced immediately;
- (b) use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other; or
- (c) engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct.

Acceptance of Responsibility of a Worker:

I _____ living at _____ verify that;

I have read, understand, and I accept the duties and responsibilities of a worker as outlined above in the context of my volunteer work at Brock.

I agree to abide by the all the rules and regulations of Brock University.

I further agree to be subject to the authority of Brock University and of _____ as the supervisor of my volunteer activities.

In addition, I agree that the University may terminate my involvement as a volunteer at any time and without any commitment to provide a reason.

Name (Print)

Signature and Date

Guardian Name and Signature.
(Required if Student is under 18)

Name (Print)

Signature and Date

Liability Release

I have read and understand the conditions under which volunteers may take part in Brock University activities and I am aware that there may be risks inherent in the activity of the Department for which I am volunteering. As a consideration of Brock University accepting me as a volunteer in the specific activity described on page 4 (Part 5) of this document I, on behalf of myself, my heirs, executors, administrators, successors, and/or assigns, agree to and hereby do release BROCK UNIVERSITY, its employees, agents, affiliates, scientific staff, and cooperating institutions from, and agree to indemnify and hold each of them harmless against any and all liabilities they may jointly or severally incur to me, my heirs, executors, administrators, successors and/or assigns, in respect of any claim, suit, or cause of action, including attorneys' fees and expenses of litigation, on account of any personal injury, loss of health, financial loss, or damage to property, including any such injury, loss or damage resulting from the negligence of BROCK UNIVERSITY, its employees, agents, affiliates, scientific staff, and/or cooperating institutions, directly or indirectly sustained by me as a result of my participation in the aforementioned BROCK UNIVERSITY activity

Name (Print)

Signature and Date

Guardian Name and Signature.
(Required if Student is under 18)

Name (Print)

Signature and Date

Volunteers at Brock: Risk Assessment and Emergency Management Plan

Name: _____ Department: _____ Extension: _____
(Principal Investigator/Responsible Authority)

Email: _____

Number of Staff/Faculty/Students: _____ Number of Volunteers*: _____ Number <18 years: _____
(*Keep a list of participant names, emergency contacts & insurance info with the Activity Leader and Brock Dept.)

Leadership Team: At least one of these persons must be in the work area when volunteers are working.
 (Attach separate sheet, if needed):

Name: <small>(Include PI/RA, where applicable)</small>	Role in Team: <small>(Indicate chain of leadership)</small>	Email:	Off Campus Contact <small>Information (phone, e-mail)</small>	CPR, First Aid or other certification including date certified <small>(Attach copies where applicable)</small>

Information to be filed:
with Department

Visiting Student Volunteer Responsibilities: Page 2, one signed copy per volunteer
 (Signed by volunteer and Guardian if volunteer is <18)
 Proof of Health Insurance (for International Students)
 Approval Form signed by Supervisor
 Department/Faculty Approval (One Form for all volunteers doing same work) Page 3 and 4.

Part Two – Work Location

<input type="checkbox"/> On-Campus <input type="checkbox"/> Main Campus _____ Area <input type="checkbox"/> Hamilton Campus <input type="checkbox"/> Rodman Hall	<input type="checkbox"/> Off-campus: <input type="checkbox"/> Facility Location: _____ Distance from Brock _____ km
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Part 3 Hazard Identification and Mitigation

Consider **all** potential and real hazards related to this activity. Examples include: documented training skills, First Aid/CPR training, protective equipment, Biosafety Training, radiation safety Training, Laser Safety Training, and Emergency Essentials.

Check all that apply:

Specific Hazard or Potential Hazard	Applicable?	Training and/or Control Measures
Travel: Movement between worksites where travel is the responsibility of the volunteer	<input type="checkbox"/>	
Trips, Slips and Falls: Work will be done in environments where slip and trip hazards are more common (cold rooms, wet labs, rope course etc.)	<input type="checkbox"/>	
Physical: Work involves heavy lifting or other physical hazards (machinery, hot/cold rooms, lasers etc.)	<input type="checkbox"/>	
Biological: The volunteer will work with or in laboratories where Biological materials (Animals, cells, micro-organisms, proteins etc) are in use.	<input type="checkbox"/>	
Chemical: The volunteer will work with or in laboratories where Chemicals are in use.	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Part 4: Orientation and Protective Equipment

Emergency Contact, Orientation and Protective equipment:

Locations identified (nearest): ☐ First Aid Kit(s) ☐ Fire Extinguishers ☐ Accessible Phone

Equipment Supplied: ☐ Safety Glasses ☐ Safety Gloves ☐ Safety Boots ☐ Other

Demonstration/Training for: ☐ Fume Hoods ☐ Bio-Hoods ☐ Laminar Flow Hoods ☐ Autoclave ☐ Other _____

Emergency Contact Information: _____ Work Phone: _____ Home Phone _____
Print Name

Part 5: Project/Position Description

Briefly Describe the Activities that will be carried out by the Volunteer; include the use of any equipment with particular note of required safety equipment (e.g. fume hoods).

Part 6: Signatures and Approvals

Supervisor Signature:

I acknowledge that this Volunteers at Brock: Risk Assessment and Emergency Management Plan has been prepared and is in keeping with the requirements contained in the Occupational Health and Safety Act; R.S.O. 1990, c. O.1, s. 27., Regulations made under the Act and Brock University Policies and Procedures

Principal Investigator/Supervisor (Print name)

Signature

Date (mm/dd/yyyy)

Department and Faculty Approval

Department Chair/ Manager (Print name)

Signature

Date (mm/dd/yyyy)

Dean/AVP (Print Name)

Signature

Date (mm/dd/yyyy)