



Volunteer Guidelines for Supervisors

The University has recently developed a formal procedure that should be taken to engage volunteers. As such, the Department of Psychiatry will be adopting this procedure when handling volunteers.

A volunteer is defined as an individual who voluntarily donates services to the University. They are not entitled to, and have no expectation of, any compensation, pay, fee or benefits for their services nor should they have an expectation of employment.

Things to Consider:

- Volunteer assignment plans should provide clear expectations to the volunteer.
- Volunteers cannot be used to supplant regular staff employees or replace the need for paid staff.
- Volunteers are responsible for maintaining the confidentiality of all information to which they may be exposed.
- Volunteers should be recognized for their contributions both informally through positive comments and formally through public recognition at formal events.
- Volunteer assignments should be reviewed periodically to ensure that the assignments properly reflect the current situation.
- Volunteers may be terminated without notice at any time that the services are no longer needed or that the volunteer is no longer capable of performing the service.
- The Department must adhere to the same laws and University policies as for employees.
- Failure to follow these procedures when bringing a volunteer into the workplace leaves the supervisor and University open to liability.
- For further information, please refer to <http://www.hr.ubc.ca/hiring-managing/recruitment-hiring/>

Documentation Requirements:

<p>Application Form (to be completed by volunteer)</p>	<ul style="list-style-type: none"> • Contact and background information from the volunteer • Respectful Environment Declaration
<p>Confidentiality Agreement (to be completed by volunteer)</p>	<ul style="list-style-type: none"> • Declaration to respect the confidentiality of information that they may come into contact with during the course of their volunteer duties
<p>Assignment Plan (to be completed by supervisor with volunteer signature required)</p>	<ul style="list-style-type: none"> • Outlines the expected length, hours, duties and background required for the volunteer position
<p>Journal Voucher for Volunteer Accident Insurance <i>*recommended for wet labs</i> (to be completed by supervisor) OR Accident Insurance Waiver (to be completed by volunteer)</p>	<ul style="list-style-type: none"> • Cost to supervisor is \$4 per year per volunteer • See "Volunteer Accident Insurance" at http://www.riskmanagement.ubc.ca/insurance for policy information <p>OR</p> <ul style="list-style-type: none"> • Waiver consists of a declaration of understanding that the University will carry no accident insurance for volunteers
<p>Criminal Record Check Consent Form (to be completed by volunteer)</p>	<ul style="list-style-type: none"> • Necessary if the volunteer will have unsupervised access to vulnerable adults or children during the volunteer assignment

Please submit these documents to: HR Assistant via email at psychiatry.hr@ubc.ca or mail to Psychiatry Administration Office, 2C1, Detwiller Pavilion, 2255 Wesbrook Mall



VOLUNTEER APPLICATION FORM

VOLUNTEER INFORMATION:

Date: _____

Last Name: _____

First Name: _____

Vancouver Address: Street _____

City: _____

Postal Code: _____

Phone: _____

Date of Birth: _____ (mm/dd/yy) Gender: M / F

Social Insurance Number: _____

Email: _____

If student, UBC student number: _____

Graduate / Undergraduate

Have you worked for UBC before? Y / N

UBC Employee ID # _____

If yes, for which department? _____

WORK INFORMATION:

Program Name: _____

Work Address: _____

Work Phone: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone (Home): _____

Phone (Cell): _____

SUPERVISOR INFORMATION:

Name: _____

Phone: _____

RESPECTFUL ENVIRONMENT DECLARATION:

I understand that the University of British Columbia endeavours to foster a harmonious climate in which volunteers, students, faculty and staff are provided with the best possible conditions for learning, researching, and working, including an environment that is dedicated to excellence, equity and mutual respect. The University of British Columbia strives to realize this vision by establishing opportunities and practices that respect the dignity of individuals and make it possible for everyone to live, work and study in a positive and supportive environment as possible.

As a Volunteer it is expected that I will abide by the above and show respect for all people and their differences, demonstrate fairness and equity, try to understand the perspectives of others, promote cooperation and collaboration, endeavour to bring out the best in others, demonstrate empathy; and use respectful language at all times.

By submitting this application, I declare and affirm that the facts set forth in it are true and complete. I authorize UBC to verify any information that may be relevant to both my service and suitability as a UBC Volunteer. I understand that if I am accepted as a UBC Volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from any volunteer assignment.

Name: _____

Signature: _____

Date: _____



ASSIGNMENT PLAN

(To be completed by supervisor)

Volunteer Name: _____

Supervisor Name: _____

Start Date: _____ End Date: _____

Anticipated Number of Hours: _____ per week OR month

Description of Services to be Provided:

	List Requirements for the Assignment
Training (to be provided on-site)	
Equipment (including protective) (to be provided by supervisor)	
Physical Requirements	
Certifications Required to Volunteer	
Criminal Record Check (if required)	
Other (specify)	

AGREEMENT AND ACKNOWLEDGEMENT OF SERVICES (to be completed by volunteer):

<p>I, _____, agree to abide by the policies, standards, and procedures of the University of British Columbia and the respective Department.</p> <p>I acknowledge that I am voluntarily donating my services to the University of British Columbia. I understand and agree that I am a volunteer and am not an employee of the University of British Columbia in respect of all volunteer assignments. I further understand and agree that I am not entitled to, and have no expectation of, any compensation, pay, fee or benefits for my services. I acknowledge and agree that my volunteer services do not constitute a guarantee or promise of future employment, not do they entitle me to greater consideration for any future employment or volunteer opportunities. I further acknowledge and agree that my volunteer service and any rights or privileges associated therewith may be terminated at any time by the University without cause or notice.</p>	
Name: _____	
Signature: _____	Date: _____
Parental Consent: for applications under the age of 19 years	
Parent/Guardian Name: _____	
Signature: _____	Date: _____



UBC VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, acknowledge and understand that, during the course of my work as a UBC Volunteer, I may acquire access or use of certain sensitive or confidential information (“Confidential Information”). I acknowledge and agree that any such confidential or proprietary information, including, but not limited to, medical or personal information, trade secrets, patents, confidential research and development data, or any other sensitive information, shall be kept confidential. In consideration for this volunteer opportunity, the receipt and sufficiency of which is hereby acknowledged, I further agree to the following:

I. The term Confidential Information includes information not generally known to third parties and which is proprietary to the University of British Columbia (“UBC”) or its affiliates, including information about UBC’s various projects and departments. All information that becomes accessible or disclosed to me during the course of this volunteer appointment shall be deemed Confidential Information.

II. I understand that unauthorized disclosure or use, whether intentional or unintentional, of any Confidential Information would be detrimental to UBC. I acknowledge and agree:

1. not to disclose to any third party the object and scope of any sensitive discussions that I may be privy to, except as required by law or as may be necessary to enforce the terms hereof;
2. not to use any of the confidential information for any purpose other than for or in connection with the authorized purpose;
3. to maintain all of the confidential information in confidence and not to disclose any portion of the confidential information to any person or entity not authorized hereunder without the prior written consent of UBC;
4. that any dissemination of confidential information shall be only in connection with the authorized purpose, and shall be only to UBC employees, agents or affiliates who have a need to know such confidential information as it relates to the authorized purpose; and
5. that upon termination of the volunteer relationship, all records, compositions, articles, documents and other items which contain, disclose and/or embody any Confidential Information shall be returned to UBC or destroyed by myself, and I will certify to UBC that I am in full compliance with these provisions.



- III. The obligations pursuant to Section B above shall not apply to information which:
1. is or becomes a part of the public domain through no act or omission of my own;
 2. can be shown to be already possessed by myself as of the date of disclosure;
 3. shall be made available to myself on a non-confidential basis by a third party having a right to do so;
 4. is disclosed by order of a court of competent jurisdiction; or
 5. UBC authorizes the release of such information in writing.

IV. The termination of the relationship between myself and UBC shall not relieve me of my obligations of confidentiality and non-disclosure herein or the obligation to return or destroy certain materials.

Declaration

I have carefully read the foregoing UBC Volunteer Confidentiality Form and declare I fully understand its contents and my obligations. If the Applicant is not of age of majority, I, as a parent or legal guardian of the Applicant have fully read the foregoing UBC Volunteer Confidentiality Form and fully understand my obligations assumed on behalf of the Applicant.

Applicant Name (Print): _____

Signature: _____ Date: _____

Parental Consent: Required for Applicants under the age of 19 years

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____



VOLUNTEER WAIVER

(To be completed if accident insurance will not be provided by supervisor)

I, _____, understand that my voluntary participation in research activities at the University of British Columbia carries with it no UBC employee status.

I also acknowledge that the University carries no personal property, medical or dental nor any accident benefit or disability insurance on my behalf and that it is my sole responsibility to ensure that I maintain sufficient personal insurance coverage. I agree that any failure on my part to maintain adequate personal insurance shall impose no financial obligation on the University.

Print Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____



CONSENT TO A CRIMINAL RECORD CHECK FOR VOLUNTEERS

(WORKING WITH CHILDREN AND/OR VULNERABLE ADULTS)

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed.

WORKS WITH (choose one): [] children or [] vulnerable adults or [] children and vulnerable adults
Please verify with your volunteer organization which "works with" category applies to you.

PART 1: APPLICANT INFORMATION

Form with fields for LEGAL SURNAME/ LAST NAME, LEGAL GIVEN / FIRST NAME, LEGAL MIDDLE NAME, DATE OF BIRTH, GENDER, BIRTHPLACE, ADDITIONAL NAMES, Residential Address, MAILING ADDRESS, Area Code & Phone No., Driver's Licence #.

PART 2: VOLUNTEER ORGANIZATION INFORMATION

To be completed by an authorized organization representative

SECTION A: Complete this section only if you have been provided with an ID number from the Criminal Records Review Program (CRRP). Organization Name, Organization Contact Person Name and Title, ID Number.

SECTION B:

If you are unable to provide an ID number in above section A, please complete ALL of Section B.

Volunteer Organization Name, Mailing Address, Office Phone, Office Fax, Volunteer's position/Job Title with volunteer organization.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

I have read and understand the consent for release of information and acknowledgments on Page 2. I hereby consent to these terms as indicated by my signature below: Applicant's signature, Parent or Guardian signature for applicant under 19 years of age, Date signed.

CONSENT TO A CRIMINAL RECORD CHECK — VOLUNTEERS

CHECKLIST FOR APPLICANT

To get started: My organization has either directed me to complete the paper consent to a criminal record check form and fax or mail to the Criminal Records Review Program or my organization is registered with the CRRP and enrolled for the online service and has provided me with their unique link to go online and complete the consent to criminal record check electronically.

- I have completed the form truthfully, clearly and legibly and signed and dated.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA)
- My volunteer organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- My volunteer organization will retain the original form and will forward a copy to the Criminal Records Review Program.

CHECKLIST FOR ORGANIZATION

- If your volunteer organization is not enrolled in the CRRP online service, please have the volunteer complete and sign the paper consent form. (manual process)
- If the volunteer organization is enrolled in the CRRP online service, please provide the volunteer with your unique link to the online service where they complete the consent to criminal record check electronically.
- Retain the original form (required for the manual process only).
- Forward a copy of the form to the Criminal Records Review Program by mail or fax:

MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
Or, FAX the consent form to: 250 356-1889.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act;
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a vulnerable sector search to check if I have been convicted of and been granted a pardon for any sexual offences of the Criminal Records Act.
- I understand a criminal record check under the criminal records review act is required at least once every five years. Go to the RCMP website for additional details on vulnerable sector checks: <http://www.rcmp-grc.gc.ca/cr-cj/vulner/index-eng.htm>
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court, corrections, and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations deemed relevant by the Registrar.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.