

**VOLUNTEER CONTRACT**

(Please print all information)

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

\_\_\_\_\_  
Student UWO email address

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Start Date (Month/Day/Year)

\_\_\_\_\_  
End Date (Month/Day/Year)

As a volunteer (and current student) with the Department of Chemistry:

1. I acknowledge that I may have access to confidential or proprietary information during the course of my volunteer position. During and after my volunteer position, I will hold all confidential information in trust and confidence, and I will not use, disclose, communicate or convey any such information, except as required in the performance of my role.
2. I will not allow any unauthorized person or persons 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 my supervisor 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 supervisor and I will return such records upon termination of my assignment or as requested by my supervisor.
3. I will complete the following online training courses which are mandatory for all university employees including volunteers. I will obtain a Western certificate if not already certified and provide the course certificate(s) to my supervisor.
  - **WHMIS - Workplace Hazardous Materials. Information System.** Occupational Health and Safety offers two versions of WHMIS training for Western Employees – **Comprehensive** and **Basic**.  
[https://www.uwo.ca/humanresources/facultystaff/h\\_and\\_s/training/access\\_to\\_online\\_training.htm](https://www.uwo.ca/humanresources/facultystaff/h_and_s/training/access_to_online_training.htm)
  - **AODA - Accessibility in Service,**
  - **Health and Safety Orientation** – Working Safely at Western.
  - **Safe Campus Community: Preventing Harassment, Violence and Domestic Violence at Western,** and
  - **Laboratory Safety – Hazardous Waste** – if working in a lab

Note: Access to the above courses will be available on your webCT account at <http://webct.uwo.ca/> a few days after your completed contract has been submitted to the Administrative Officer of the Department of Chemistry.

2. **Laboratory Orientation**

Safety is a shared responsibility between you, your co-workers and supervisor. **Your supervisor MUST acquaint you with the location and operation of all building safety devices** such as the fire alarm tone, eyewash, safety shower, fire extinguishers, fire blankets, first aid kits, evacuation routes and exits, spill control and containment kits, laboratory evacuation procedure, etc... Familiarize yourself with the Safety link on the Departmental website: <http://www.uwo.ca/chem/>

You and your supervisor must also review the operation of the fume hoods and all other instrumentation you may need to operate. The supervisor and volunteer MUST complete the orientation checklist and file in the Lab Safety Binder in laboratory.

## Volunteer Duties (Supervisor to describe briefly)

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### Program Duties and Expectations

1. While volunteering with the Department of Chemistry, I will:
  - respect and follow the authority of my supervisor,
  - competently and efficiently carry out the duties and expectations assigned, and bring any problems or questions to my supervisor,
  - represent Western's Volunteer Program and Western through conduct in accordance with professional standards,
  - participate in further position-related training that my supervisor requests, within the time commitment of the position,
  - observe workplace specific and procedural safety standards as outlined by my supervisor (if applicable), and
  - respect differences of gender, ethnic origin, race, religious affiliations, sexual orientation, and those with disabilities.
2. I will arrive on time and fulfill the weekly time commitment agreed upon with my supervisor. If I must cancel a shift, I will notify my supervisor as soon as I become aware of the conflict and make arrangements to re-schedule missed time.
3. I will not arrive for a shift under the influence of alcohol or any illegal drug or substance.
4. As a registered volunteer, you are insured under the University's general liability insurance policy. This means that while properly carrying out your volunteer responsibilities, you are insured against liability claims from third parties. You are not insured for personal injury to yourself, accident or sickness.
5. The University does not insure personal vehicles or property for either employees or volunteers. Volunteers who will be driving their own personal vehicle on University business will be required to provide Proof of Insurance.
6. I will not physically intervene in the event of a dangerous incident, but will remove myself safely from the situation and notify my supervisor and/or the campus police immediately (call 911).
7. While on duty, I will not violate any federal or provincial laws, municipal by-laws, or university policies governing conduct.
8. I understand that failure to comply with the terms of this contract may result in the termination of my position as a volunteer. I also understand that my supervisor reserves the right to relieve me of my duties if I do not comply with the terms of this contract.
9. I will complete the Register New Associated Persons Form (it will be signed by Administrative Officer).

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 myself may end this volunteer relationship at any time in writing without prior 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 Western 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 in perpetuity.

\_\_\_\_\_  
Name of Volunteer Student (Print)

\_\_\_\_\_  
Name of Supervisor (Print)

\_\_\_\_\_  
Signature of Volunteer Student

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date (Month/Day/Year)

\_\_\_\_\_  
Date (Month/Day/Year)

Will the volunteer be required to work in a laboratory where hazardous chemical, physical (including radioisotopes) or biological agents are in use?

YES

NO

If yes, forward a copy of the form to Occupational Health and Safety.

Location and room number of laboratory: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

*Notes for Administrative Officer:*

1. *Send a copy of the form to Occupational Health and Safety if volunteer will be volunteering in a lab.*
2. *Send Register New Associated Persons Form to Human Resources.*
3. *Provide a copy of Volunteer Contract to volunteer.*