**Volunteer Letter of Engagement**

[Date]

Dear [Volunteer name],

Congratulations! Ontario Tech is pleased to offer you a volunteer position in [name of Unit/lab or research centre] under the supervision of [name of Volunteer Supervisor] (“Supervisor”).

The terms of your position are outlined below. Safety and training requirements are outlined in Appendix 1. Please note that ALL safety and training requirements must be completed before you may begin your volunteer position at Ontario Tech. You must also agree to the confidentiality terms included below, and to comply with all applicable Ontario Tech policies and procedures (see University Policies and Procedures section).

Volunteers seeking accommodations for a disability should contact Human Resources Department at Ontario Tech.

Please review this information and contact your Supervisor if you have any questions or concerns. We look forward to welcoming you to Ontario Tech as a volunteer!

Sincerely,

[Faculty Dean or Dean of SGPS]

[Supervisor]

Contact information for Volunteer Supervisor:

Name:

Phone:

Email:

Office:

**Terms of the Volunteer Position**

Unpaid Position

This is an unpaid volunteer position. I acknowledge and agree that Ontario Tech will not compensate me for the activities performed under this Agreement and will not reimburse me for any expenses incurred as a result of the volunteer position (including but not limited to parking, transportation).

Term

This volunteer position will start on [Start Date] and end on [End Date]. Ontario Tech reserves the right to terminate this agreement before the end date for any reason, without notice.

Description of Volunteer Activity and Anticipated Learning Outcomes

 [Specify]

Confidentiality

Confidentiality is of paramount importance to the University. By accepting this offer, I hereby agree that any confidential information gained, directly or indirectly, through the University or its employees shall be kept in strict confidence during and after the volunteer position and will not be shared, in whole or in part, with any individual or organization without the prior written consent of the Supervisor. I acknowledge that any disclosure of confidential information may cause irreparable harm to the University and/or its employees for which the University may seek legal remedies.

The confidentiality obligations set out in this paragraph will remain in force for a period of five years following the end date of the volunteer position or any subsequent renewals.

Intellectual Property

I have read and understood Ontario Tech’s Intellectual Property Policy (see University Policies and Procedures section).

I agree that volunteers are considered to be “non-academic personnel” under the IP Policy which means that all intellectual property I solely or jointly develop during or as a result of my volunteer position will be solely owned by Ontario Tech in accordance with the IP Policy. I agree to be bound by all terms and conditions set out in the IP Policy, as amended from time to time.

Personal Information:

I consent to the collection, use and disclosure of my personal information. I am aware that personal information (as defined under the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 may be collected before, during or after my work, by the University, including but not limited to:

* + 1. My name, or the name of my legal guardians; and
		2. Photographs or videos of those participating in the work.

The University does not and will not sell, trade, or rent any mailing lists. Data is stored securely and confidentially. All personal data provided to the University will be used to:

* Manage, develop and enhance University operations, including programs and services;
* Communicate with participants; and
* Ensure high quality programming and service delivery.

By signing this agreement, I consent to the use of my personal information for the purpose of facilitating my work and for the purposes of marketing University programs and outreach activities to the general public, including use and disclosure in print and digital marketing and promotion and public relations materials, and on the University’s website and social media sites and feeds. I am aware that if I do not consent to the collection and use of my personal information for these purposes, I must inform the University in writing.

Termination:

I understand that either the University or I may terminate this agreement at any time for any reason with or without cause and without notice, and without compensation of any kind.

Health and Safety

Ontario Tech takes health and safety matters very seriously. I acknowledge and agree to complete all required health and safety training as set out in Appendix 1 (attached to this letter) prior to the start date of my volunteer position.

I acknowledge that I have read and understood the following University policies or procedures and agree to abide by them during my volunteer position.

Risk and Insurance

I agree to review and return a signed Informed Consent and Risk Acknowledgement form to my Supervisor upon the commencement of my volunteer position.

I acknowledge and understand that I am not covered by the University’s Employment Benefits Group. I acknowledge that I have been STRONGLY ENCOURAGED TO CARRY ADEQUATE PERSONAL MEDICAL AND/OR HEALTH INSURANCE covering the contract period and that I am responsible for my own health, dental, medical and property coverage.

University policies and procedures

The University has various policies in place promoting a safe environment for its members. I acknowledge that I have read, understood and that I will abide by all of the following University policies, guidelines, and procedures (available at: <https://usgc.uoit.ca/policy/policy-library/index.php>) while volunteering at Ontario Tech:

* Academic Accommodation for Students with Disabilities Procedures
* Accessibility Policy
* Accessible Customer Service Policy
* Access to Information and Protection of Privacy Policy
* Policy and Procedures Against Violence, Harassment and Discrimination in the Workplace
* Harassment and Discrimination Policy and Procedures
* Health and Safety Policy
* Intellectual Property Policy
* Risk Management Policy
* Safe Disclosure Policy and Procedures
* Technology Use Policy

Independent Parties

Nothing in this Agreement constitutes Volunteer as an employee or agent of Ontario Tech. Volunteer has no authority whatsoever to assume or create any obligation or liability, express or implied, on behalf of the University.

I, [Name of Volunteer], having read this Letter of Engagement and in consideration of the opportunity to volunteer at Ontario Tech, hereby agree to comply with the terms and conditions set out in this Agreement.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER IS UNDER 18 YEARS OF AGE**

PARENT/GUARDIAN FOR VOLUNTEERS UNDER THE AGE OF EIGHTEEN (18) YEARS MUST READ THIS FORM. PARENT/GUARDIAN PERMISSION IS REQUIRED FOR VOLUNTEER UNDER THE AGE OF EIGHTEEN (18) YEARS.

As parent/guardian with legal responsibility for this volunteer, I acknowledge having read and understood the implications of this volunteer agreement, and I sign this volunteer agreement for and on behalf of the volunteer, and for and on my own behalf, intending to bind the volunteer, myself, and the heirs, executors, administrators and assigns of both of us.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 1**

**Safety and Training Requirements**

|  |  |
| --- | --- |
| Safety/Training Requirement  | Completion Date |
| MOL Health and Safety Awareness Training<https://ssbp.mycampus.ca/prod/www_hso.hsowu.p_main>  |  |
| WHMIS 2015<http://healthandsafety.uoit.ca/training/whmis.php>  |  |
| Workplace Violence Harassment Prevention Training<https://ssbp.mycampus.ca/prod/www_hso.hsovhp.p_main>  |  |
| Accessibility Standards for Customer Service<https://ssbp.mycampus.ca/prod/www_aoda_uoit.aoda.p_main>  |  |
|  |  |

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_