



Subject: Volunteer Consent

Dear Parents,

QHS is encouraging students to become volunteers in their community. Volunteering is a contribution that helps our community while offering positive experiences to our youth. The CSST employment insurance covers all volunteers form ages 16 and over.

Students under the age of 16 must have parental consent and an understanding that they are not covered by this insurance. The nature of the volunteering will always be supervised by a minimum of one adult. The nature of the tasks performed by our volunteers consist of accompanying youth with special needs and does not expose them to violent individuals or tasks of a dangerous nature.

Examples of volunteering:

- **SNACS bowling:** bowl with individuals who have special needs. **One Friday a month**
- **SNACS Supper with the Gang:** help individuals who have special needs prepare a meal and participate in evening social activities. **One Friday a month**
- **SNACS youth program:** accompany children with special needs do a circuit of stimulation activities. **One Saturday a month**

I (We), _____, understand that my (our) child is not covered by CSST.

I (we) consent to _____ participation in SNACS activities.

Parent signature

Student signature

Date _____



Volunteer Application

Information in this form is optional, except references, and will remain confidential

Family name

First name

Address

Apartment

Home phone

Cell phone

Email

In case of emergency, notify (name, relationship, phone)

Grade level

Skills/Hobbies

Describe your favourite volunteer or work experience

How did you hear about the community Wellness Centre at Jeffery Hale?

Why do you wish to volunteer with us?

Signature _____

Date _____