



Volunteer Waiver

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected and the mission, vision and values of the Canadian Cancer Society will be followed in accordance with the CCS's policies, standards and guidelines. As a CCS volunteer, I may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All records are the property of the CCS and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose. Client and donor interactions shall not be discussed with people outside the CCS, including immediate family members, throughout and beyond tenure with the CCS.

Canadian Cancer Society volunteers must not give medical advice (including opinions, comments and suggestions that personalize medical information and influence treatment decisions), but they may give information about cancer (consisting of facts available to anyone seeking general knowledge about the disease and its treatment).

I agree not to make any statements, written or verbal, or cause or encourage others to make any statement, written or verbal, to defame, disparage or in any way criticize the personal or business reputation, practices or conduct of the Canadian Cancer Society, their employees, directors, officers and volunteers. I acknowledge and agree that this prohibition extends to statements, written or verbal, made to anyone, including but not limited to the news media, any board of directors or advisory board of directors, industry analysts, competitors, strategic partners, vendors, employees and volunteers (past and present), patients, donors and clients.

I grant the Canadian Cancer Society permission to use any photographs or videotape images of me taken in the course of my involvement, and to use my name, image, comment(s) and information regarding my volunteer role, activities, affiliation and city of residence for the CCS's purposes in any media and territory in perpetuity.

I waive and release any and all claims for myself, my heirs, executors and administrators against the Canadian Cancer Society and any other sponsor or organization involved, from any and all claims or liability for death, personal injury or property damage of any kind however caused, including any claim or liability arising from the negligence of the CCS, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release of Waiver extends to all claims, foreseen or unforeseen, known or unknown.

I understand that **smoking is not permitted** by any volunteer on CCS property or while carrying out CCS business.

Adult Volunteer Applicant (18 years and older):

Printed Name	Signature	Date
--------------	-----------	------

Youth Volunteer Applicant (17 years and younger):

Printed Name	Signature	Date
--------------	-----------	------

By signing below, I, the undersigned, certify that I am the parent or legal guardian of the applicant, and as such on behalf of myself and the applicant, agree to the terms of the waiver as noted above.

Printed Name	Signature	Date
--------------	-----------	------