

O.U.R. ECOVILLAGE
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Volunteer Agreement 2010

Welcome to O.U.R. ECOVILLAGE. As a volunteer, you will be honoured as a friend and co-learner on the mutual path of building sustainability. In order to foster sustainable relationships within O.U.R. ECOVILLAGE, we must be clear about our expectations of each other, our roles and responsibilities.

Before you complete this form, please review *O.U.R. Information Handbook & Visitor's Guide*.

SECTION 1 - PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

HOME ADDRESS and Mailing Address:

PHONE:

(home)

(cell/mobile)

(work)

CURRENT WORKPLACE / POSITION (if any):

EMAIL:

EMERGENCY CONTACT PERSON: (name and phone number)

SPECIAL HEALTH NEEDS / ALLERGIES:

MEDICAL NUMBER (CARE CARD, OR HEALTH INSURANCE NUMBER):

SECTION 2 – INTENTIONS & INTERESTS

YOUR INTENDED PERIOD OF VOLUNTEERING: (check one)

SHORT TERM (LESS THAN ONE MONTH)

MID-TERM (2-3 MONTHS)

LONG TERM (MORE THAN 3 MONTHS)

OTHER – PLEASE SPECIFY _____

APPROXIMATE DATES:

From

To

LEVEL OF COMMITMENT:

How many hours you are willing to commit per week = _____ (or, _____ per month)

SKILL AREAS: (check all tasks you can do well)

Gardening	<input type="checkbox"/>	Manual labour	<input type="checkbox"/>
Natural building/design	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Permaculture	<input type="checkbox"/>	Business Development	<input type="checkbox"/>
Youth/child care	<input type="checkbox"/>	Mechanical repair	<input type="checkbox"/>
Building and Construction	<input type="checkbox"/>	Healthcare provision	<input type="checkbox"/>
Bookkeeping, accounting	<input type="checkbox"/>	Office work	<input type="checkbox"/>

Animal husbandry	<input type="checkbox"/>	Research	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Leadership within a Non-Profit Society	<input type="checkbox"/>	Playing a musical instrument	<input type="checkbox"/>
Organizing people, events, and/or resources	<input type="checkbox"/>	Art work, graphics	<input type="checkbox"/>
Community Development & Outreach	<input type="checkbox"/>	Group/meeting facilitation	<input type="checkbox"/>

Other skills areas you have, that are not listed above:

AREAS OF INTEREST:

Other areas which interest you, or skills you wish to develop:

What are your LEARNING GOALS in relation to O.U.R. Ecovillage?

While working on site, do you intend to:

- purchase meals at the set cost (\$7 breakfast, \$9 lunch, \$10 supper, or \$25/day)
- provide your own brown bag meals

Please communicate your intentions in advance of all meals, especially if you intend to purchase a meal.

If you do not contribute food to the meal, please pay the above fee(s) to the Landowners. During educational programs when meals are served in the outdoor kitchen, please see O.U.R. office administrator to arrange payment.

SECTION 3 - AGREEMENTS

Please check **each** box indicating **you have read and agree with** each statement.

- 1. I have **read and familiarized myself** with “O.U.R. Ecovillage Information Handbook & Visitor’s Guide”. (on OUR website)
- 2. While working at OUR ECOVILLAGE, I agree to govern myself within a **confidentiality agreement** whereas all information about other staff, OUR ECOVILLAGE, OUR COMMUNITY ASSOCIATION or OUR ECOVILLAGE COOPERATIVE will not be shared with visitors, Interns, or the wider community to any degree. Further to this **I agree to conduct myself in accordance with O.U.R. Guiding Principles and O.U.R. Drug & Alcohol Policy.**
- 3. I will **honour my agreements** regarding applicable or arranged **fees**, as outlined above, for my time at O.U.R. Ecovillage.
- 4. I am familiar with the Safety and Emergency Procedures outlined in O.U.R. Information Handbook & Visitor’s Guide. I will **act in a safe and responsible manner** at all times, and will not hold O.U.R. Community Association (or O.U.R. Ecovillage residents) liable for any injury I sustain or damage to my personal property. **I agree to sign a “Liability Form”.**
- 5. I agree to take **personal responsibility** regarding all aspects of this agreement, including checking in with others regularly to ensure mutual agreements are upheld.

General:

- Reimbursement for travel costs associated with the use of personal vehicles for tasks related to volunteer duties must be negotiated **prior** to carrying out the task;
- Use of other people’s property, including vehicles, will be the personal responsibility of the person borrowing the item (whether for personal or work-oriented use) and must be checked out with owner;
- Attend meetings as required;
- O.U.R. Community Association/O.U.R. Ecovillage will not be responsible for Workers Compensation coverage or paying premiums on your behalf while you are volunteering (you must make arrangements for coverage on your own behalf);
- Honor agreements, and maintain confidentiality within the ecovillage team.
- **Please provide a copy of current Medical Coverage for our office records.**

Signature: _____

Date: _____

WAIVER AND RELEASE OF LIABILITY

I, _____ am aware that construction activities, building materials, hand and power tools, and any and all work sites can be dangerous and there is a risk of personal injury. I am also aware that as volunteer living onsite I am fully responsible for myself in all facets of my own health and safety, and the health and safety of my child(ren), in all ways while living onsite OUR ECOVILLAGE.

I acknowledge that OUR ECOVILLAGE/OUR COMMUNITY ASSOCIATION, COBWORKS,
Copy 1 – Office Use (file) Copy 2 – Retained by Volunteer

Elke Cole, Brandy Gallagher, Trent Berg and the staff, students, interns, volunteers and residents of these organizations are not responsible for my personal injury caused as a result of the use, misuse, malfunction, attempt to repair or any other operation of hand or power tools, working with animals, machines or as result of any activities which I may be involved in through any aspect of OUR ECOVILLAGE (on or off site). I undertake these activities at my own risk and acknowledge that these organizations and individuals cannot be held liable whatsoever for these activities.

Signature _____

Print _____

Witness _____

Date _____