



**INDIVIDUAL VOLUNTEER SERVICES AGREEMENT**  
**MULTIPLE INDIVIDUAL SIGN-UP**  
 (must be signed by every volunteer)

***DRAFT***

**VOLUNTEER PROJECT TITLE:** Crest Creek Trail and Area Maintenance & Refurbishing Old Crest Creek

**BC PARKS SUPERVISOR CONTACT DETAILS:**

NAME: Andy Smith      PHONE: 250 337-2405      EMAIL: andy.smith@gov.bc.ca

I hereby agree with Her Majesty the Queen in Right of the Province of British Columbia, represented by the Minister of Environment (the "Province"), to provide the following services on a voluntary basis:

Activity	Dates (From)	Dates (To)
<b>Detailed approved activities as outlined in the Crest Creek Trail and Area Maintenance Project Description – April 2015-March 2025</b> <b>Volunteer Activities include the following:</b>	<b>August 1, 2015</b>	<b>March 31, 2020</b>
Trail Maintenance (as pre-approved in submitted and edited attached 10 year plan – "Refurbishing Old Crest Creek", February 2015).	August 1, 2015	March 31, 2020
New Trail Construction (only when pre-approved by BC Parks)	August 1, 2015	March 31, 2020
Facility Maintenance, i.e. repair/replacement of wooden stairs; signs/posts; other facilities which may be identified in the future which the volunteer offers to maintain if/when he has the time, resources, and will to do so.	August 1, 2015	March 31, 2020
Climbing Route Maintenance– rock cleaning (brushing rock surfaces to remove moss/algae, etc.) only on existing routes as of February 2015 (other new areas must be pre-approved by BC Parks).	August 1, 2015	March 31, 2020
Chainsaw and other power tool use associated with the above activities when worker safety requirements are met. NOTE: Chainsaw use within the project area has been granted by BC Parks based on their confirmed experience and safety record. This entitlement does not extend to any potential helpers unless they too are authorized under a similar volunteer agreement.	August 1, 2015	March 31, 2020

I have sufficient skills, and am able to and agree to perform the subject volunteer services to the best of my ability and to fulfill time and duty commitments as required, or to provide adequate notice so that alternate arrangements can be made.

I agree to disclose to the Province any interest I have that might be construed as being in real, potential, or apparent conflict with the Province's interest, responsibilities and duties in the project for which I am providing the volunteer services.

I agree that in providing services under this Agreement I will not be an Employee or Agent of the Province, and I am not entitled to and do not expect any salary, wages, or other benefits for services provided.

I agree that I will be providing services under the direction of the BC Parks Supervisor named above and I will comply with the Province's rules and procedures regarding volunteer services and the project that I am providing volunteer services for.

I agree that I will at all times maintain the confidentiality of information received in the course of my services under this Agreement.

I agree that all material, equipment and other goods provided by the Province for my use under this Agreement (other than expendable materials) will be returned to the Province on completion of the services or as required, in the same condition as when received, reasonable wear and tear excepted. If any such material, equipment or other goods are damaged during the course of my volunteer activities I will report such damage, and return the damaged item as soon as possible, to the BC Parks Supervisor.

I understand that for the performance of my duties under this Agreement I will be covered by the Province's Volunteer General Liability Insurance (which shall be excess over any other valid and collectable insurance available to me) for bodily injury or property damage I cause to others and by the Province's Volunteer Accidental Death and Dismemberment Insurance for injuries I may sustain myself, subject to the terms and conditions of each policy in force at the time of the loss.

I hereby authorize the Province, if applicable, to conduct a Criminal Records check and/or security screening in accordance with the Province's Security Screening Policy.

I have read and understand all of the information in this and associated documents (10 Year Plan – "Refurbishing Old Crest Creek"; Project Description and Safety Plan) and agree to conduct my activities in accordance with their contents.

VOLUNTEER SIGNATURE: <<provided on Volunteer Group Project Sign-In Sheet for \_\_\_\_\_  
\_\_\_\_\_  
(insert project title from above).>>

PROVINCE'S REPRESENTATIVE<sup>1</sup>: \_\_\_\_\_ DATE: \_\_\_\_\_

<sup>1</sup> Must be signed by the supervisor of the BC Parks volunteer project supervisor listed at the top of this agreement.

**Volunteer Group Project Sign-In Sheet**

By signing below, I agree that I have read and understand, and have been provided with a copy of the attached Individual Volunteer Services Agreement for **Crest Creek Trail and Area Maintenance & Refurbishing Old Crest Creek**, which covenants and terms I agree to.

<b>VOLUNTEER INFORMATION</b>		<b>CONFIRMED DATES OF VOLUNTEERING</b>
<b>1</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>2</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>3</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____

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<b>4</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>5</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>6</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____

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<b>7</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>8</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>9</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____

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<b>10</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>11</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____
<b>12</b>	NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ EMERGENCY CONTACT NAME: _____ PHONE: _____ VOLUNTEER SIGNATURE: _____ DATE: _____ WITNESS NAME: _____ SIGNATURE: _____ DATE: _____	_____ _____ _____ _____ _____ _____