

ARTS, CULTURE, RECREATION AND LEISURE SERVICES 2ND FLOOR, CITY HALL

OUTDOOR RINK VOLUNTEER FORM

Rink:	Date:
Name:	
Address:	Postal Code:
Phone #:	Email:
Volunteering for	the following:
Ice Prepar Turning or Other (spe	n / off lights during regular non-supervised times
Specify days and	times you are available to supervise use (i.e. for groups / schools) of the rink:
Day:	Time:
Day:	Time:
☐ Accessib Complete	oility Training Questionnaire ed
□ Accessib	
North Bay") holds a damages arising ou parties is limited to from any third party	cknowledge that The Corporation of the City of North Bay (hereinafter referred to as the "City of municipal liability policy to defend against claims by third parties. The limit of this policy for all it of one accident or occurrence or a series of accidents or occurrences from one cause to third \$5,000,000.00. Any volunteer worker of the City of North Bay will be defended under this policy claims.
for my benefit.	that the City of North Day does not carry disability of worker compensation insurance coverage
	I and acknowledge that an authorized employee of the City of North Bay may terminate my teer with the Outdoor Rink Volunteer Program at any time without notice or cause.
	guidelines, standards and codes of conduct, which may be set by the City of North Bay. I further ederal, provincial and municipal laws and regulations when working as an Outdoor Rink Volunteer
Protection of Privac	on on this form is collected under the authority of the Municipal Freedom of Information and by Act and will be used for the purpose of volunteer services at municipal outdoor rinks. Questions or personal information should be directed to the City Clerk, 200 McIntyre Street East, North 26, ext. 2510.
Date	 Outdoor Rink Volunteer Signature