



VOLUNTEER PROGRAM
ÉCOLE DE SCIENCE INFIRMIÈRE UNIVERSITÉ DE MONCTON

RECOGNITION OF VOLONTEER WORK

Student's name: _____ ID: A00_____

Organization's name: _____

Key person in the organization: _____

Address of the organization: _____

Telephone number: _____

Date(s) of the volunteering: _____

Volunteer hours: _____/hours

Nature of the volunteer work (brief description of the tasks executed)

ACKNOWLEDGEMENT THAT THE POLICIES ASSOCIATED WITH VOLUNTEERING HAVE BEEN RESPECTED

I swear that I will respect the policies mentioned below at the time of the volunteering for _____ . I recognize that during this experience I will not receive any salary or benefits from the organization and that this experience will not be in any means a guaranty or promise for future employment. I also acknowledge that the organization can terminate my volunteering experience at any given moment without justification or prior notice on their behalf.

Student's signature: _____ Date: _____

Organization's signature: _____ Date: _____

Respect of the policies associated with volunteering	YES	NO	N/A
• Verification of the criminal record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knows their limits linked to scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Solidary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>