

Volunteer Consent Form (Includes Internships/Academic Volunteers)

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information only in compliance with the BC *Freedom of Information and Protection of Privacy Act*. Specifically, TRU will collect, use and store your personal information as permitted by sections 26 (a), (c), (e) and (g) of the *Freedom of Information and Protection of Privacy Act* for the purposes of administering and verifying your participation as a volunteer and the approved duties/activities with respect to liability coverage for TRU and its volunteers as listed below.

For more information about this privacy notice please contact privacy@tru.ca.

Name of volunteer:	
Address:	
Is volunteer 19 years old or older?	
Describe activities that will be undertaken:	
Describe benefits to TRU flowing from the program and/or from the participation, activities and work of this volunteer:	
Start and end dates of volunteer term:	
Name of instructor at TRU who will be supervising the volunteer:	
Department:	
Internship/Academic Volunteer specific questions	
Address in Home Country:	
Describe activities and goals of the internship/academic volunteer program:	

This form is to be completed and reviewed with the volunteer and signed.

Volunteer Signature

Supervisor Signature

Date

Please keep this form on file in the department files for one year from the date of volunteer term completion.