100 John West Way
Box 1000
Aurora, Ontario
L4G 6J1
Phone: 365-500-3165
Email: ehamilton@aurora.ca
www.aurora.ca

Volunteer Application Form

Family First Night
Aurora Town Square
Thursday, December 31, 2026

NEW VOLUNTEER: Please fill out all sections of the application and sign the waiver on page 2.
RETURNING VOLUNTEER: Please fill out sections 1 and 3 and sign the waiver on page 2.

Section 1

FIRST NAME: _____ LAST NAME: _____

AGE: _____ (you must be 13 years of age and older) Adults are welcome! PRONOUNS: _____

ADDRESS: _____ HOME PHONE # _____
Street City Postal Code

CELL PHONE # _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

RELATION TO VOLUNTEER: _____ CONTACT NUMBER: _____

Section 2:

What other languages can you speak? _____

Special Information (i.e.) Food Allergies, etc.? _____

Do you require accessible accommodation in order to volunteer? ☐ **YES** ☐ **NO**

I would like to receive information from Town of Aurora about:
☐ Volunteer Opportunities ☐ Youth Initiatives/Events

Section 3:

Event: Aurora's Family First Night 2026
When: Thursday, December 31, 2026
Location: Aurora Town Square
Duties: May include monitoring children's activities, greeting guests & line management
Shift:

☐	5:30 p.m. to 9:15 p.m..
☐	5:45 p.m. to 10 p.m.

Please submit your completed application and signed waiver to **Erin Hamilton, Coordinator of Special Events & Sponsorship** by email ehamilton@aurora.ca. We will contact you to confirm shifts and provide details but if you have any questions before then, please contact Erin Hamilton at 365-500-3165.

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Release and Waiver of Liability

As a Volunteer, I fully understand and agree to the following:

In consideration for receiving permission to participate in volunteer activities with the Town of Aurora, I hereby release, waive, discharge and covenant not to sue the TOWN OF AURORA, their officers, agents, servants, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such a volunteer activity, or while in, on, or upon the premises where the volunteer activity is being conducted.

Except as authorized, during my service as a volunteer, I will not disclose, release or make use of any confidential or personal information that has been shared with, or acquired by me except in accordance with my assigned duties as a volunteer.

I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I further understand that there is no employment relationship as a result of my volunteer activity. Further, I understand that the TOWN OF AURORA may in its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.

I understand that TOWN OF AURORA does not maintain any insurance policy covering any circumstance arising from my participation in volunteer activities or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

My volunteer activity may involve personal risk and could result in property damage or bodily injury, and I hereby elect to voluntarily participate with full knowledge that said volunteer activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the TOWN OF AURORA or otherwise.

I agree to indemnify and hold harmless the releasees from all claims, demands, causes of action, losses, damages or costs arising from my actions as a volunteer, unless such claims, demands, causes of action, losses, damages or costs are attributable to my good faith performance of authorized volunteer activities. I hereby release, waive and discharge the TOWN OF AURORA from all liability to my heirs, executors, administrators, assignees for all losses or damage and any claims or demands for such loss or damage on account of injury to person or property.

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I understand that volunteers are not covered by the *Ontario Workplace Safety and Insurance Act* and that, as a result, I am not entitled to make any claims for compensation pursuant to the *Ontario Workplace Safety and Insurance Act.*

I am aware of the nature and effect of the Release of All Claims and Waiver of Liability form that I am signing. I acknowledge having read, understood, and agree to the above conditions, release and waiver.

I understand that the TOWN OF AURORA will not share my personal information with third parties.

If under 18 years of age, a parent or legal guardian is required to sign:

I hereby certify that I am the parent/legal guardian of _____, a minor pursuant to the *Age of Majority and Accountability Act* and that s/he has my permission to serve as a volunteer with the TOWN OF AURORA. As the parent/legal guardian, I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

_____	_____	_____
Name (please print)	Signature of Volunteer or Parent/Legal Guardian	Date