

AMS/ORT Volunteer Agreement

NAME OF VOLUNTEER _____

POSITION _____

FACULTY _____

LENGTH OF TERM - May 17th to September 5th

The AMS/ORT will strive to provide the volunteer with the sufficient training, information, and support required to fulfill the expectations of their position. The AMS/ORT will undertake to accommodate any accessibility requirements brought to attention, and seeks to provide a meaningful, rewarding, and accessible opportunity. This agreement seeks to uphold the values and principles established in the AMS Volunteer Policy and Procedures Manual and is signed in good faith by both parties.

Job Duties

I agree that by signing this agreement, I am held accountable to the AMS Volunteer Policy and Procedures Manual and agree to abide by the terms and conditions laid out in said policy manual and all other relevant ORT and AMS Policy documents, including the AMS Mission Statement, the AMS mandate, and relevant documents or policies as deemed by my Faculty Society.

I will complete the duties of my position as outlined on the volunteer description, and complete additional relevant tasks as assigned by my supervisor. This agreement carries over to any changes made in mandate and/or job description.

I will adhere to hours assigned by my supervisor and understand that due to the nature of my work I may be required to work on evenings and/or weekends, dependent upon Orientation workload and duties.

It is my responsibility to inform my supervisor immediately should I no longer fulfill the eligibility requirements of holding this position.

I agree to conduct myself in a manner respectful and conscious of the safety of peers, displaying care and consideration of others in order to facilitate a welcoming, inclusive, and accessible atmosphere.

I agree to sign a secondary agreement prior to the beginning of my faculty Orientation Week that outlines specific guidelines and acts that I will not plan nor participate in with incoming students. I understand that failing to adhere to this secondary agreement that I am subject to could result in the termination of my position.

I agree to abide by my Faculty Society agreement in tandem with AMS agreements, if applicable. Additionally, I understand that the agreement signed with my Faculty Society

should be upheld in all the same manners as the AMS/ORT Volunteer Agreement and subsequent agreements.

I acknowledge that due to the uncertainty created by COVID-19, Orientation Week events may surpass the promoted timeline to accommodate for possible in-person events. I will adhere to all responsibilities and expectations outlined in this agreement until those extended events have been completed.

Confidentiality

I agree not to divulge to any third party, either during my appointment or following its conclusion, any information received during my volunteer term that is known to be confidential, except with the express written permission of my supervisor.

I will not allow any unauthorized person or persons to inspect or have access to any document that is of a confidential nature, regardless of media format, and I will report any unauthorized access to my supervisor as soon as I become aware that such an incident has occurred.

I will not remove any records containing confidential information, unless authorized to do so by my supervisor and I will return such records upon termination of my assignment or as requested by my supervisor.

If I participate in or am party to any part of the hiring process, including but not limited to acting as a reference, sitting on hiring panels, and/or reviewing applications, all knowledge and interactions that occur as a result of this process will remain confidential.

Accommodation

I understand that it is my responsibility to bring forward to my supervisor any accommodation required to complete the duties of this position. Any accommodation agreements between myself, my supervisor, and ORT will be approved by the AMS Human Resources Office and are made in good faith by all parties.

Performance

I understand that I may be subject to disciplinary action, including dismissal from this position should I fail to adhere to this agreement.

I understand that any disciplinary action taken is done to correct and improve my performance and I agree to actively work to improve any areas of concern identified.

I understand that cause for immediate dismissal shall include, but is not limited to, willful misconduct, willful neglect of duty and/or repeated unavailability, theft, gross insubordination, harassment/discrimination, and substance abuse while during Orientation and otherwise.

I understand that inappropriate conduct such as, but not limited to, using inappropriate language during Orientation-related meetings/events; posting discriminatory and/or prejudicial

content on social media; abusing Executive/Leader privileges; violating the Student Code of Conduct; and/or exhibiting disrespectful behaviour or behaviour that compromises Orientation will be reported to the Orientation Head, Orientation Roundtable Coordinator, and Dean/Designate for consideration and may result in immediate dismissal and further investigation through relevant policies such as the Student Code of Conduct and the Harassment and Discrimination Policy.

I understand that I have been alerted to this process and agree to abide by the terms laid out above.

Training

I will complete all training as mandated by SOARB, the ORT, and my Faculty Society. I will have registered for synchronous 'pre-week' training sessions and will have completed all module-based trainings by August 13th. This will be the last date that training completions will be accepted. I understand that if I do not register for synchronous trainings or complete mandated module-based trainings by this date the de-leadering process may begin. I also understand that if I do not attend my scheduled synchronous trainings, the de-leadering process may also begin.

I have read and understand this agreement in its entirety and fully comprehend that dishonoring this agreement is grounds for dismissal from my position. I understand that it is my responsibility to read and adhere to all other documents referred to in this agreement.

Volunteer Name _____

Volunteer Signature _____

ORT Coordinator Name __Alessia Rizzello__

ORT Coordinator Signature ____  _____

Date _____