



## Campion College Engaged Learning

### **Placement Guidelines**

I will act in a safe and respectful manner in my community placement and comply with the community placement policies, procedures, standards and regulations. I will meet and honour the volunteer guidelines of the placement organization including, but not limited to, filling out volunteer forms, attending volunteer orientation and safety training (if applicable), signing and abiding by confidentiality agreements, and completing a police record check when required.

If I have questions or concerns regarding the placement organization, its operations or functions, I will direct these to my placement supervisor. If I have any other concerns or questions about my course requirements or assignments as it pertains to this service-learning opportunity, I will direct these to Sarah Greenwood, Engaged Learning Coordinator at Campion College. If I feel uncomfortable, unsafe, or disrespected for whatever reason, I will address the matter with the Engaged Learning Coordinator.

### **Student Obligations**

I am aware that I am required to fulfill certain obligations, including a required amount of service hours and that my attendance is expected. I will contact my placement supervisor if I am not able to attend a scheduled shift due to illness or emergency.

I certify that I have no physical condition or disability that I have not disclosed which may affect my participation. Should I develop a condition or injury that limits my participation, I will immediately notify the Engaged Learning Coordinator so that accommodations can be arranged.

I understand that failure to observe any conditions or rules established during this activity may result in a request to leave this placement.

**If I am unable to continue or wish to opt out, I must provide written notice (email will suffice) to Sarah.Greenwood@uregina.ca**

### **Confidentiality**

I am never obliged to give, and am very strongly discouraged from giving, my personal information to anyone not directly associated with Campion College Engaged Learning Office and arranged community placement. Similarly, I am expected to maintain the confidentiality of all persons associated with my community placement. This includes, but is not limited to, clients, other student participants, and pertains to the use of their name, personal information, or image in any medium.

### **Media Release**

I give Campion College permission to record and reproduce any comments, photographs or other media recordings taken during my service-learning opportunity. I agree that Campion College is entitled to use these in any manner or form, either wholly or in part, in any medium, and in conjunction with any wording or other photos or drawings. I understand that I do not own the copyright of the photograph(s) or media recording(s).



**Assumption of Risk**

I acknowledge that I am aware that there are risks, dangers and hazards to which I may be exposed while participating in this placement, including travel to and from the community partner. These risks include but are not limited to:

- Personal injury or physical violence:
- Theft, vandalism or loss of personal property; and
- Exposure to diseases.

I hereby assume all risks associated with my participation in the Program and full responsibility for any:

- (a) personal injury, accidents or illness;
- (b) damage to or loss of my personal property; and
- (c) related expenses (collectively, the "Risks").

I hereby waive any and all claims that I have or may have against Campion College in respect of the Risks as a result of, arising from or in any way related to my participation in the program or any services provided by me to the Community Partner.

I agree to indemnify any and all liability for:

- (a) any damage to the property of or personal injury to any third party; or
- (b) any claims advanced against Campion College or any losses or damages sustained by them resulting from my participation in this Program or any services provided by me to the Community Partner.

**Medical Release**

I hereby give permission to licensed emergency and health care personnel to provide treatment/services necessary to maintain my health. I give my permission to be transported and treated by any doctor assigned by my community placement in an emergency or accident. I agree that the information on this form may be disclosed to such emergency and health care personnel.

Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you have any physical conditions, injuries or disabilities that require accommodation, please indicate below:

I (please print) \_\_\_\_\_, have read and understand the terms and conditions of this agreement. I agree to accept to terms and conditions. I will abide by all responsibilities as outlined.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Witness as to Signature of Participant)

Date: \_\_\_\_\_

Date: \_\_\_\_\_