CommunityCare
NORTHUMBERLAND

ANNUAL VOLUNTEER AGREEMENT RENEWAL

Offence Declaration

I declare, since my last Police Vulnerable Sector Check provided to Community Care Northumberland, that:

☐ I have **no convictions** under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act (Canada)*

OR

☐ I have been convicted for offences under the *Criminal Code of Canada* for which a pardon has **not** been issued or granted under the *Criminal Records Act (Canada)*.

Code of Conduct Renewal

☐ I declare that I will continue to respect the Code of Conduct previously signed with CCN

Confidentiality Renewal

☐ I declare that I will continue to respect the confidentiality agreement previously signed with CCN

Health Limitation Disclaimer

☐ I declare that I have no health limitations that would affect the service I can safely provide to CCN clients

NAME: _____ DATE: _____

SIGNATURE: _____

WITNESS: _____ DATE: _____

"Giving Strength Through Caring"

Approved April 2016
Revised January 2026

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THIS SECTION SHOULD ONLY BE COMPLETED BY VOLUNTEERS WHO USE THEIR PERSONAL VEHICLE FOR COMMUNITY CARE NORTHUMBERLAND DIRECT CLIENT SERVICE PROVISION AND/OR PROGRAMMING:

☐ I currently hold a valid and unrestricted driver's licence with no more than 4 demerit points accumulated at any time.

☐ I hold valid vehicle insurance coverage with a minimum of $1 million third party liability and am familiar with CCN's policy on insurance coverage.

☐ I take sole responsibility for the payment of my insurance premiums and any deductible required following an accident while on a CCN sanctioned drive.

☐ I am compliant with highway and transport Canada's requirements, and have functioning seatbelts for all passengers.

☐ I maintain a safe and mechanically fit vehicle at all times, and comply with scheduled preventative maintenance as recommended by the dealer.

☐ I will notify the office immediately following all driving related accidents, fines, charges/convictions, driver's license restrictions and suspensions.

☐ I will assume full responsibility for the cost of fines resulting from traffic violations, parking tickets, theft, loss or damage to my vehicle.

Name: _____ Date: _____

Signature: _____