



Gibsons Business Watch Volunteer Program Terms of Reference

Appendix A

Application Form – Town of Gibsons Business Watch Volunteer Program

The Town of Gibsons is committed to supporting small business through the covid-19 pandemic. The Town recognizes that businesses in the community have closed their doors to help fight the spread of covid-19. To support businesses, the Town has established a Gibsons Business Watch Volunteer Program.

The Gibsons Business Watch (“GBW”) volunteers provide the Town’s bylaw services with additional eyes and ears in business areas of the municipality. Specifically, the GBW volunteers support the Town’s bylaw services by observing and reporting suspicious activity to the RCMP. GBW volunteers conduct passive activities related to community safety and crime prevention by monitoring the municipal business areas. GBW volunteers are grouped into teams wherever possible. GBW volunteers fulfil their monitoring from their own vehicles. GBW volunteers are expected to immediately call in and report any criminal or suspicious activity to a designated phone number or the RCMP. GBW volunteers do not become actively involved in any situations that they observe.

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

- Except as authorized in the Gibsons Business Watch Terms of Reference, I will not receive any remuneration, salary, wage, payment or any employee benefit whatsoever.
- A recent criminal record check will be required for participation in the program.
- My participation in the program is at the discretion of the Town of Gibsons and any participation can be terminated by the Town of Gibsons at any time.
- Any false information given in this application will be grounds for denial, or if accepted, immediate dismissal from the program.
- I may be called on to testify in court regarding events I witness as part of the GBW program.
- I hereby release the Town of Gibsons from all claims, causes of action, costs, expenses, damages and liability of any nature which I incur or which may accrue to me arising from or relating in any way to a breach of these Gibsons Business Watch Terms of Reference.
- I hereby agree to indemnify, defend and save harmless the Town of Gibsons from and against all claims, causes of action, costs, expenses, damages and liability of any nature incurred by the Town of Gibsons arising from or relating in any way to a breach of these Gibsons Business Watch Terms of Reference.
- I acknowledge and agree that the release and indemnity above survive the expiration or termination of my participation in the Gibsons Business Watch program.



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I give permission to the Town of Gibsons to obtain all information necessary to qualify me as a volunteer with the Gibsons Business Watch Volunteer Program. It is understood that the Town of Gibsons will have final authority in the approval or rejection of the application. This decision will be final and I may request an explanation of the decision. However, depending on the circumstances, the criteria and method of arriving at the decision may not be subject to disclosure.

By submitting this application, I acknowledge that I have read, understood and agreed to the above conditions. I also acknowledge I was given the opportunity to ask questions and I received satisfactory answers to these questions.

Privacy Disclaimer

Personal information is collected and used for the purpose of administering the Town of Gibsons' volunteer programs under s.26 (c) of the *Freedom of Information and Protection of Privacy Act*.

Please be aware that any information collected may be stored on servers belonging to the Town of Gibsons.

For questions regarding the collection of Personal Information please contact the Director of Corporate Services.

Applicant Information		
Last Name:	First Name:	Preferred Phone Number:
Street Number:	Street Name:	Town/City:
Postal Code:	Email Address:	
Emergency Contact Name:		Emergency Contact Phone Number:
Are you providing a vehicle for the program?	Vehicle Make / Model / Description	License Plate Number
Are you willing to operate a vehicle as part of this program?	Do you have a valid BC Drivers Licence?	BC Drivers License Number
In order to limit the exposure and spread of covid-19, a team will be comprised of persons identified as self-isolating together in the same residence, such as a husband and wife.		Name of Team Member (if applicable)
I certify that information contained in this application is true and complete. I authorize the verification of any or all information listed above.		
Applicant Signature:		