**Volunteer Consent Form**

Thank you for your interest in volunteering with [Your Organization Name]. To ensure we are compliant with Quebec’s privacy law, Law 25, we require your consent to collect, use and disclose your personal information.

**What information do we collect?**

We may collect the following personal information about you:

* Name
* Contact information (email address, phone number)
* Emergency contact information
* Availability
* Skills and experience
* References (with your consent)

**How will we use your information?**

We will use your information to:

* Process your volunteer application
* Contact you about volunteer opportunities
* Schedule your volunteer placements
* Provide training and support
* Recognize your contributions

**With whom will we share your information?**

We will only share your information with authorized personnel within our organization and, if applicable, with program partners involved in your volunteer placement. We will never share your information with third parties for marketing purposes.

**How long will we retain your information?**

We will retain your information for a period of six years after your last volunteer activity, unless you request its deletion sooner.

**Your Rights**

You have the right to:

* Access your personal information
* Request rectification of inaccurate information
* Request erasure of your information in certain situations

**Consent**

By signing below, you acknowledge that you have read and understood this consent form and agree to the collection, use and disclosure of your personal information as described above.

**Signature:**

**Date: Location:**