

Veterans Gardens and Interpretive Centre Volunteer Registration Form



Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application.

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name: _____ **Phone Number:** _____

Email: _____

Address: _____

City: _____ **Postal Code:** _____

Please tell us in which areas you are interested in volunteering?

Veterans Gardens and Interpretive Centre
Fundraising

Special Events/

Motorcycle Mondays

Chosen Soldier Project

Operation Northwest Soldier Educational Kits

Day Camps

Administration

Pick-ups/ Delivery

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Times available: From _____ to _____

Any physical limitations? _____

In case of emergency contact: Name _____

Phone _____ *Relationship* _____

Do you prefer indoor or outdoor work? Please Circle

INDOOR OUTDOOR

Do you have the following training, and/ or certification?

First Aid: Yes No Date issued: Expiry:

Food Safety: Yes No Date issued: Expiry:

Pro-serve: Yes No Date issued: Expiry:

Any special talents or skills you have that you feel would benefit our organization?

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Date: _____