



## Volunteer Application Form

### Personal Information

First Name:	Birthdate: <i>dd / mm / yyyy</i>	
Address:		
City:	Postal Code:	
Phone (Home):	Phone (Alternate):	
E-mail:		
School	Grade:	Grad Year:

### Emergency Contact & Medical Information

Medical Services Plan Number <i>(BC Services Card)</i> :	
Allergies/Medical concerns:	
Emergency Contact #1:	
Phone Number:	Relationship:
Emergency Contact #2:	
Phone Number:	Relationship:

### Areas of Interest for Volunteering

Special Events <i>(seasonal)</i> <input type="checkbox"/>	Children's Sports <i>(on-going)</i> <input type="checkbox"/>
Daycamps <i>(Spring, Summer, Winter)</i> <input type="checkbox"/>	Children's Creative Arts <i>(on-going)</i> <input type="checkbox"/>
Birthday Parties <input type="checkbox"/>	Out of School Care <i>(on-going)</i> <input type="checkbox"/>
Toddler/Preschool Programs <input type="checkbox"/>	Health Programs <i>(on-going)</i> <input type="checkbox"/>

### Volunteer Availability

Please list the approximate times you are available for volunteering. *(e.g. Monday in the AM from 9-11)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

**CHAMPLAIN HEIGHTS COMMUNITY CENTRE**

3350 Maquinna Drive, Vancouver BC, V5S 4C6 | 604.718.6575  
 champlaincc@vancouver.ca      www.champlainheightscc.ca





## Volunteer/Work Experience


## Qualifications/Certificates *(training skills, languages spoken, etc.)*


## Interests/Hobbies


## Acknowledgement of Risk, Waiver, Release & Indemnity

### PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while he or she participates in the volunteer program described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES initial                      NO initial

The participant and parent or guardian acknowledges that there exists an element of personal risk of damage or serious injury in the activities and willingly agrees to assume responsibility for those risks as a condition of participating in the volunteer program. In addition, you hereby represent that you have no physical restrictions which would prohibit your participation in the volunteer program at Champlain Heights Community Centre.

I, the undersigned participant, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the City of Vancouver, Board of Parks and Recreation and Champlain Heights Community Centre Association or any of their agents, representatives, employees or assigns for my health, safety, or any injury and/or disability arising out or resulting from participating in the volunteer program.

Signature of Participant: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

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

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