



Cobequid
Health Centre
Foundation

Volunteer Application

Date _____

Male/Female

Name:

Last

First

Initial

Phone:

Home

Work

Cell

Email:

Address:

Apartment, Street number and Name, RR#

Town/City,

Province

Postal Code

How did you hear about us?

Event Interested in and position: Please name the event you are interested in volunteering for and in what way.

What is your previous work/volunteer experience?

Availability:

References (Past Work or Volunteer):

Name	Organization	Phone

Emergency Contact:

Name	Phone	Relationship

May we contact you for any volunteer opportunities that arise? **Yes/No**

If no, Please describe _____

Volunteer Waiver

By volunteering with the Cobequid Community Health Centre Foundation, I agree and confirm that there is no medical reason which would restrict my ability to volunteer in any Cobequid events or activities, and I agree to the use of my picture, name and/or city or town of residence without my compensation, for publicity purposes.

I also waive and release any and all claims for myself, my heirs, executors and administrators against the Cobequid Community Health Centre Foundation, its agents, directors, employees, licensees, volunteers and any sponsors, officials and organizers of any Cobequid event in connection with any injury, illness or death which may directly or indirectly result from my volunteering in this event, or from any claim arising in connection with the use of my name or any photographs or video tapes of me.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Rider: For Volunteers under the Age of 19 Years:

This is to certify that I, as parent/guardian with legal responsibility for the volunteer named _____ do consent and agree that this volunteer is bound by all terms and conditions of this waiver and release.

I release, indemnify and save harmless the releases from and against all claims, actions, suits or demands arising out of or resulting from the volunteering at this event.

Signature of Parent/Guardian: _____ **Date:** _____

Witness: _____ **Date:** _____

Office Use Only

Interviewed by: _____ **Date:** _____

Volunteer Manager: _____ **Event and Position:** _____

Confirmed: _____ **Other Comments:** _____

Confidentially Form Sign: **Yes/No**

Constituent Number: _____ **Start Date:** _____