

| PERSONAL INFORMATION - *These lines must be completed as per the Society Act | |
|---|---|
| *Last Name | *Given Name |
| *Physical Address | *Mailing Address (if it is a post office box) |
| *City, Province | *Postal Code |
| Phone Number(s): Cell: | Email Address |
| Home: | Do you consent to receiving email on our mailouts? Yes <input type="checkbox"/> |

Your information is protected under the Access to Information Act and the Privacy Act.
The personal information is only collected for The Adams River Salmon Society and will not be used for any other purpose.

VOLUNTEER INFORMATION FORM

Thank you for your willingness to volunteer as we begin an ambitious year culminating with our Salute to the Sockeye in October. Your contribution of time and energy is very much appreciated. Please complete the following form as we wish to match your talents and interests with the many roles available.

| | | | |
|--|---|--|--|
| VOLUNTEERING | Entire Year <input type="checkbox"/> | Specific events only <input type="checkbox"/> | Salute only <input type="checkbox"/> |
| How much time can you commit? | 2-4 hours/week <input type="checkbox"/> | 4-6 hours/month <input type="checkbox"/> | Other <input type="checkbox"/> |
| When are you available to volunteer? <i>Please Choose Preferences:</i> | Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> | | |
| WHAT WOULD YOU LIKE TO DO? | | | |
| Leader: | Volunteer Coordinator <input type="checkbox"/> | Committee Volunteer <input type="checkbox"/> | Director <input type="checkbox"/> |
| Special Events: | Interpretive Tour Guide <input type="checkbox"/> | Cabin Host <input type="checkbox"/> | Grounds Maintenance <input type="checkbox"/> |
| Salute Festival: | Admission Booth <input type="checkbox"/> Facilities Maintenance <input type="checkbox"/> | Interpretive Tour Guide <input type="checkbox"/> | Visitor Assistant <input type="checkbox"/> Volunteer Tent Helper <input type="checkbox"/> Parking Attendant <input type="checkbox"/> |
| Any of the Above Roles: <input type="checkbox"/> | Other Role (Please Describe) | | |
| Have you worked on the Salute or other major events before? If so, in what capacities? | | | |
| Any physical limitations? | | In case of emergency contact: | |

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: _____



MEMBERSHIP REGISTRATION

We invite you to become a member of The Adams River Salmon Society. Membership fees are used for projects that maintain and enhance the education, recreation and conservation values of the Adams River within Roderick Haig-Brown Provincial Park.

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| | | |
|---|---------------------------|----|
| MEMBERSHIPS Lifetime Voting & Membership | One-time FEE of \$35.00 = | \$ |
| DONATIONS – Tax receipts will be issued for donations over \$20.00 | = | \$ |
| Total | = | \$ |

Thank you for your support!

INFORMATION COLLECTION, USE AND DISCLOSURE - We are required to send out Annual General Meeting announcements.

By becoming a member of The Adams River Salmon Society, you must provide certain personal information which is added to our secure internal membership database. The information contained in the database can only be used for purposes related to The Adams River Salmon Society. We do not share any of your information with third parties without your consent. We may also use this information collected to send you membership communication material, research surveys and other correspondence. We will only send you this with your consent.

Signature: _____ Date: _____

Please return this form to: Volunteer Coordinator at volunteers@salmonsociety.com
or by mail at: **The Adams River Salmon Society PO Box 24034, Scotch Creek BC V0E 3L0**

For Administration to fill out:

Membership Number _____, Date entered in database _____, Date entered in List Serve _____ Paid Completed by: _____