



Volunteer Form

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 to 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"/> Morning <input type="checkbox"/>	Mon. <input type="checkbox"/> Afternoon <input type="checkbox"/>	Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Evening <input type="checkbox"/>
WHAT WOULD YOU LIKE TO DO?			
Leader:	Volunteer Coordinator <input type="checkbox"/>	Committee Volunteer <input type="checkbox"/>	Director
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"/>
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:
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