

Volunteer Form - Youth
Friends of the Central Experimental Farm
volunteer@friendsofthefarm.ca / www.friendsofthefarm.ca
613-230-3276 Charitable #118913565RR0001

Please Print

Surname _____ First Name _____
Address _____ City _____ Province _____ Postal Code _____
Telephone (H) _____ Cell _____
Email _____

In Case of Emergency:

Surname _____ First Name _____ Relationship _____
Telephone (H) _____ Cell _____
E-Mail _____

Languages

French ___ English ___ Other _____

Do you experience any physical limitations that you feel we should be aware of (bending, kneeling, walking)? If yes, please explain.

VOLUNTEER ACTIVITIES

Have you volunteered before? If yes, where? _____

On what date do you wish to start volunteering ? _____

On what date do you wish to stop volunteering? _____

Gardening

It is recommended all volunteers working in the gardens have an up-to-date tetanus immunization.

Do you have any experience gardening? Yes ___ No ___

The Friends of the Farm volunteer in the Ornamental Gardens, Arboretum and Merivale Shelter Belt **Monday through Friday mornings starting May and finishing around the end of September.** Please indicate in which garden(s) you might wish to work. If you would like to work more than one morning a week, please indicate this.

Macoun (Monday) ___ Shelterbelt (Tuesday) ___ Rock (Tuesday) ___ Arboretum (Wednesday) ___
Iris & Day lily (Wednesday) ___ Lilac (Wednesday) ___ Hosta (Wednesday) ___
Peony (Thursday) ___ CEF Roses (Friday) ___ Explorer Rose (Friday) ___ Lilac (Friday) ___

Fundraising Events (April through November)

Weekday Event

Event Setup / Take Down _____

Weekend Events

Plant Sale _____ Used Book Sale _____ Victorian Tea _____ Art on the Farm _____ Shelter Belt Ceremony _____ Event Setup / Take Down _____

Waiver

I understand that it is the condition of my child's participation in the Friends of the Central Experimental Farm ("FCEF") volunteer program that my child does so at his or her own risk. I agree that FCEF shall not be liable in any way for any loss or injury resulting from or in connection with this participation. I hereby release FCEF, its members, directors, agents and staff from any and all liabilities and damages arising from my child's participation in its activities.

I also declare that my child is a minimum age of 14 years, in good health and is physically capable of participating in the activities of the FCEF's volunteer program.

I agree in case of inappropriate behaviour (including but not limited to inappropriate use of FCEF property or inappropriate behaviour towards other participants in the FCEF volunteer program), as determined by the sole discretion of the Board of Directors of FCEF, my child may be asked to leave the FCEF's volunteer program. I also understand that I am responsible for the behaviour of my child and I am liable for any damages to property caused by my child.

DATED as of this _____ day of _____ 2017

Name of Volunteer

Signature of Volunteer

Name of Parent

Signature of Parent

This waiver must be signed before you can start volunteering.