



## VOLUNTEER FORM - Adult

**Please Print**

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_  
 Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_

Languages: English  French  Other \_\_\_\_\_

**In case of emergency:**

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_  
 E-Mail \_\_\_\_\_

*What type of activities do you enjoy and is there something in your past work/volunteer experience that you think would be beneficial to volunteering with the Friends of the Farm? Is there something in particular that made you interested in volunteering with the Friends of the Farm?*

**VOLUNTEER ACTIVITIES: Gardens (May - September)**

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

Do you experience any physical limitations? Yes  No  If yes, please explain \_\_\_\_\_

Do you have any experience gardening? Yes  No

*The Friends volunteer in the Ornamental Gardens, Arboretum and Merivale Shelterbelt Monday to Friday mornings from early May and to the end of September, weather dependent. Please mark in which garden or gardens you would like to volunteer. Not all gardens may have available space on the team.*

Monday	Tuesday	Wednesday	Thursday	Friday
Macoun <input type="checkbox"/>	Perennial <input type="checkbox"/>	Arboretum <input type="checkbox"/>	Peony <input type="checkbox"/>	CEF Roses <input type="checkbox"/>
	ShelterBelt <input type="checkbox"/>	Hosta <input type="checkbox"/>		Lilac <input type="checkbox"/>
	Rock Garden <input type="checkbox"/>	Iris & Daylilies <input type="checkbox"/>		Explorer Roses <input type="checkbox"/>
		Lilac <input type="checkbox"/>		

**VOLUNTEER ACTIVITIES: Events and Other (year-round)**

*Many of our large events require different skills. We have had in the past and hope to continue: Art on the Farm, Plant Sale, Used Book Collection, Used Book Sale, Autumn in the Arboretum, Master Gardener Lectures. Please mark which activities you would like to assist with.*

**Weekday Events:** Book sorting  Office work

**Weekend Events:** Coordinate events  Set up/take down events  Work at events

**Guiding Tours (must have experience):** Ornamental Gardens  Tree Tours

**As needed:** Social Media  Tech support  Newsletter writing/editing/layout  Translation (En>Fr)



## Waiver

I understand that it is the condition of my participation in the Friends of the Central Experimental Farm ("FCEF") Volunteer Program that I do so at my 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 participation in its activities. I also declare that I am in good health and am physically capable of participating in the activities of the FCEF's volunteer program. I agree that 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, I may be asked to leave the FCEF's volunteer program. I also understand that I am responsible for my behaviour, and I am liable for any damages to property that I may have caused.

DATE \_\_\_\_\_ Name of Volunteer (Print) \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

### **This waiver must be signed before you can volunteer.**

From time to time, the Friends of the Farm will use photographs of our volunteers in our farm notes, newsletters and on social media. If you do not wish your photo to be used, please let us know.

- I do not wish any photos of myself to be used by the Friends of the Farm.
- I give permission for any photos of myself to be used by the Friends of the Farm.

The volunteer director or volunteer coordinator will contact you shortly to discuss your joining the Friends of the Farm team.