

## VOLUNTEER FORM - Youth

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_  
 Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_  
 Languages: English  French  Other \_\_\_\_\_

### In case of emergency:

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

What type of activities do you enjoy and is there something in your past 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?

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

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

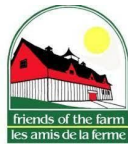
Do you experience any physical limitations? Yes  No  If yes, please explain \_\_\_\_\_

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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**. 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"/>	Lilac <input type="checkbox"/>		Explorer Roses <input type="checkbox"/>



On what date would you like to start volunteering?: \_\_\_\_\_

On what date would you like to stop volunteering?: \_\_\_\_\_

### 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**, is in good health and is physically capable of participating in the activities of the 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.

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 photos of your child to be used, please let us know.

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

Signature of Parent or Guardian \_\_\_\_\_

Date signed \_\_\_\_\_