



Spirit of BC

North Shore

Waiver Form for Volunteers

Please complete and return to the on site lead with Spirit of BC

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Emergency contact: Name: _____ Phone #: _____

Phone Number: _____ Type: Home Work Cell

Phone Number Alt.: _____ Type: Home Work Cell

Email: _____

SKILLS AND EXPERIENCE

Do you have a valid Drivers License? Yes No

If yes, please describe driving skills:
(i.e. Class 5, passenger vans, etc.) _____

First Aid Certification Yes What level? _____ No

Food Safe Yes No

If yes, please describe. _____

Languages: _____
(list languages you are comfortable using while volunteering.)

Computer Skills:

<input type="checkbox"/> Data Entry	<input type="checkbox"/> Database Management / Design	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Spreadsheets	<input type="checkbox"/> Technical Support	<input type="checkbox"/> Website Design
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Other: _____	

Special Skills

<input type="checkbox"/> A/V Support	<input type="checkbox"/> Artistic Skills	<input type="checkbox"/> Child Care
<input type="checkbox"/> Coach/Referee/Official	<input type="checkbox"/> Customer Service	<input type="checkbox"/> First Aid Certification
<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Marketing & Communications	<input type="checkbox"/> Media Relations
<input type="checkbox"/> Musical Skills	<input type="checkbox"/> Office Skills	<input type="checkbox"/> Photography
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Sport Skills	<input type="checkbox"/> Teaching/Education
<input type="checkbox"/> Writing/Editing	Other: _____	



Please see over....

Please list volunteer experience: _____

INTERESTS AND LOCATION

What type of events are you interested in?

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Arts/Cultural | <input type="checkbox"/> Environment | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Music |
| <input type="checkbox"/> Community | <input type="checkbox"/> Faith | <input type="checkbox"/> Literacy | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Conferences / Trade Shows | <input type="checkbox"/> Festivals | <input type="checkbox"/> Multicultural | <input type="checkbox"/> Youth Events |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Fundraisers | | |
| <input type="checkbox"/> Other: _____ | | | |

What types of positions are you interested in?

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> First Aid | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Arts/Craft/Performing | <input type="checkbox"/> Food Services | <input type="checkbox"/> Security |
| <input type="checkbox"/> Computers & Technology | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Set-Up/Take-Down |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Guest Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Event Operations | <input type="checkbox"/> Marketing/Communications/PR | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Other: _____ | | |

Region: North Vancouver City/District, West Vancouver City: _____

OPTIONAL INFORMATION

- | | | | | |
|--|------------------------------|-------------------------------|--|---------------------------|
| Age: | Gender: | T-shirt Size: | Education: | Currently a Student?: |
| <input type="radio"/> Youth (18 & under) | <input type="radio"/> Male | <input type="radio"/> X-Small | <input type="radio"/> High School | <input type="radio"/> Yes |
| <input type="radio"/> Adult (19 – 54) | <input type="radio"/> Female | <input type="radio"/> Small | <input type="radio"/> Some Post Secondary | <input type="radio"/> No |
| <input type="radio"/> Adult (55+) | | <input type="radio"/> Medium | <input type="radio"/> Certificate or Diploma | |
| | | <input type="radio"/> Large | <input type="radio"/> University Degree | |
| | | <input type="radio"/> X-Large | | |

Occupation: _____

General Comments: _____

COMMUNICATION PREFERENCES

- Would you like VolWeb to contact you? Yes No
- Receive Volunteer opportunity notifications? (Monthly emails with events/positions that match your profile) Yes No
- Be linked to the North Shore Community Resource Volunteer Centre? Yes No

- I understand and agree that by completing and returning this form to *Spirit of BC* I waive all risks and accept full responsibility of my actions. I have committed no criminal offences or have any health concerns that will interfere with my participation in North Shore Spirit of BC activities.
- I release my image to the North Shore Spirit of BC for promotional or internal purposes.
- I wish to not release my image to the North Shore Spirit of BC for promotional or internal purposes.

Signature: _____ Date: _____

Completed forms should be given to on site lead at Spirit of BC at the beginning of your first shift.