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Bridging the Gap

Volunteer Form

PERSONAL INFORMATION

Last Name: First Name:

Are you over the age of 18 (if you are not over the age of 18, you will need parental consent):

YES NO

Email Address:

Phone: Alternative Phone:

Address:

City: Province:

Postal Code:

EMERGENCY CONTACT

Last Name: First Name:

Home Phone: Work Phone:

Relationship:

For what position(s) are you interested in volunteering?

- Interpreter for field trip programming (Living Prairie Museum and Assisiboine Forest)
- In-class room programming(composting workshops, seed starting)
- Garden mentor (vegetable, butterfly, three sisters)

EDUCATION/TRAINING/WORK EXPERIENCE

Please list work/educational history:

Do you have any skills, resources or experience that might be beneficial to the program?

VOLUNTEER INFORMATION

Please list any previous volunteer experience you have:

Name of organization: Location:

Position:

Name of organization: Location:

Position:

Name of organization: Location:

Position:

Do you have any special requirements that we should know about?:

AVAILABILITY

The majority of our programming occurs during weekdays throughout the school year. However, we do require garden maintenance throughout the summer months. Please list your availability. For additional information on time commitment requirements for each volunteer position, please visit our volunteer page at: www.btgwinnipeg.ca/get-involved.html.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional comments regarding your availability?

Would you be willing to complete the required training at a mutually convenient time?

YES NO

ADDITIONAL COMMENTS

Do you have any additional questions/comments?

CERTIFICATIONS AND CRIMINAL RECORD CHECK

A criminal record and child abuse registry check is required for all program volunteers and staff. Will you give permission for this check?

YES NO

REFERENCES

We would like to contact two references one personal and one business or volunteer related (we will contact you before calling any references)

Reference 1

Name:

Phone:

Relationship to you:

Reference 2

Name:

Phone:

Relationship to you:

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF VOLUNTEERING WITH BRIDGING THE GAP, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault.

1. I WAIVE, RELEASE, AND DISCHARGE BRIDGING THE GAP and NATURE MANITOBA from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event;
2. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE BRIDGING THE GAP and NATURE MANITOBA from any and all liabilities or claims made as a result of participation in an activity or event, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THE ABOVE; AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I AGREE TO IT OF MY OWN FREE WILL.

Agree

Date: