



Summer Volunteer Program Intake Form

* To submit your Summer Volunteer Program intake form, please email your signed and completed form to volunteertc@theriverwoodconservancy.org with the subject line, "Summer Volunteer Program".

PERSONAL INFORMATION

First Name:

Last Name:

Gender Identification: Male Female Prefer not to disclose

Date of Birth (MM/DD/YYYY):

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Type: Home Work Cell

Phone:

Type: Home Work Cell

Have you previously participated in any of these TRC programs? Select all that apply.

- TRC Summer Volunteer Program/Other TRC Volunteer Program
- Secondary Science/Math/Geography Course (Grade 9–12)
- Secondary Catholic School Board Retreat Day (Grade 9–12)
- Elementary Outdoor Program (Kindergarten–Grade 8)

EMERGENCY CONTACT

First Name:

Last Name:

Relationship: Parent/Guardian Relative Other (please specify):

Email:

Phone:

Type: Home Work Cell

Phone:

Type: Home Work Cell

HEALTH INFORMATION

Please provide information about your medical history, including all drug and food allergies; pre-existing conditions; physical, behavioral, and/or emotional concerns; and any required medications.

Are you anaphylactic? Yes No

If you answered Yes, do you carry an EpiPen? Yes No

If you carry an EpiPen, are you trained to administer it yourself? Yes No

NOTE: If you are anaphylactic or require medication, please contact The Riverwood Conservancy's Volunteer Coordinator at 905-279-5878 prior to beginning any volunteer work.

As the undersigned, I hereby give permission to The Riverwood Conservancy to arrange any emergency medical care including hospitalization/ transportation, if necessary. All participants are responsible for their own medical coverage. I hereby release The Riverwood Conservancy from all liability and claims arising in relation to any matter including personal injury or damage to/loss of property, regarding participation in any activity or otherwise and hereby indemnify The Riverwood Conservancy from and against such claims. I have read, understood and accept the terms and conditions on this form.

Yes No

PHOTO RELEASE (to be completed by individuals **OVER 18** or a parent/guardian)

I, _____, give The Riverwood Conservancy permission to photograph, videotape, film and/or interview either myself or the child named above in the 'Personal Information' section, and to publish said photographs, videotapes, films, and or/interviews in The Riverwood Conservancy publications/printed material, including marketing and promotional materials, and The Riverwood Conservancy's website. I release and forever discharge The Riverwood Conservancy from all actions, causes of actions, claims and demands with respect to any such use except as such agreed to in writing.

Yes No

SIGNED CONSENT (to be completed by individuals **OVER 18** or a parent/guardian)

Name of Volunteer or Parent/Guardian

Signature of Volunteer or Parent/Guardian

Date (MM/DD/YYYY)