



Volunteer Registration Form

Name (first & last): _____

Address: _____

City: _____ **Prov.** ____ **Postal Code:** _____

Home Phone: _____ **Office/Cellular Phone:** _____

E-mail address: _____

Birth date d/m/yr (required for insurance purposes): _____

Emergency contact: _____

Phone: _____ **Relationship:** _____

Do you have valid medical insurance? E.g. BC Medical Yes _____ No _____

List any medications, disabilities or health issues that we should be aware of:

Have you volunteered with the Vancouver VMM before? Yes ___ No ___

If yes, why did you discontinue volunteering with us? _____

How did you learn about this volunteering opportunity? website, friend, newspaper

Languages spoken fluently: _____

Availability

Indicate the typical days and times you are available to volunteer on a weekly basis.

Reminders:

Volunteer Areas: Administration____, Marketing____, Special Events____, School Programs____, Public Programs____, Archives____

- Registration Form** and **Liability Waiver** must be signed.
- An **emergency contact** is **required** on page 1.
- The **Photo Release** on page 4 is **not required**.
- A copy of the Volunteer handbook is available at Volunteer Services.

Currently recruiting for Education and Special Events volunteers only.

Special Skills/Certifications/Training

Describe any training, skills, hobbies and/or volunteer experiences that might be relevant to volunteering at the VMM.

Education & Employment/Volunteer Experience

Please indicate your last completed high school grade, university degree(s), college certificate(s), and programs/courses you are currently enrolled in and/or your current or past Volunteering or Work Experience (e.g. self-employed – electrician; Health Canada – data analyst).

Commitment

I agree to abide by the policies and procedures of the Vancouver Maritime Museum Society as outlined in Volunteer training and/or the Volunteer Handbook.

Release of Personal Information

I hereby allow the Vancouver Maritime Museum Society to perform, at their discretion, a police criminal record check. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for a Volunteer placement. I extend my permission to the staff of Volunteer Services to conduct this check at any point of my involvement within the Volunteer program at the Vancouver Maritime Museum Society.

In addition, I allow the Vancouver Maritime Museum Society to contact and verify my character references. I hereby extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and such other information as deemed appropriate.

Signature of Volunteer*: _____ **Date:** _____

*Signature of Parent or Guardian if Volunteer is under 18 years old

References: Please provide contact info for two character references (E.g. co-worker, manager from employment or volunteer experience). No immediate family

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Daytime Number: _____ Daytime number: _____

Weekend Number: _____ Weekend Number: _____

Email: _____ Email: _____