



FRIENDS OF BON ECHO PARK

Volunteer Registration Form

Application Date _____

Name _____
Primary Address/City _____ Postal Code _____
Park Site (if applicable) _____ Home Phone _____ Cell Phone _____
Alternative Telephone _____ Dates/Availability _____
Email address that I check regularly _____

Please be advised that persons under the age of 18 require written permission from a parent or guardian to participate. Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of volunteer selection at the Friends of Bon Echo Park. We will not share this information otherwise without permission from the applicant and their guardian.

Check off all volunteer positions that interest you.

- | | |
|---|--|
| <input type="checkbox"/> Art Show Volunteer | <input type="checkbox"/> Barbecue Volunteer |
| <input type="checkbox"/> Deck Hand Volunteer | <input type="checkbox"/> Fleet Committee Volunteer |
| <input type="checkbox"/> Governance Volunteer | <input type="checkbox"/> Greystones Shop Volunteer |
| <input type="checkbox"/> Human Resources Volunteer | <input type="checkbox"/> Raffle Sales Volunteer |
| <input type="checkbox"/> Trails Committee Volunteer | <input type="checkbox"/> Visitor Centre Volunteer |
|
<input type="checkbox"/> I have attached a resumé | |

List your employment and volunteer experience as well as any awards or special training you have received: _____

List relevant hobbies, interests or special skills and talents you would like to share:

FOBE Volunteer Application Form

Yes No Have you ever been a volunteer for Friends of Bon Echo Park?

If Yes, please give the names of two people with whom you worked.

1. Name _____ Role _____
2. Name _____ Role _____

If No, please list two people you have asked to provide references for you.

1. Name _____ Affiliation _____
Telephone _____ E-mail address _____
2. Name _____ Affiliation _____
Telephone _____ E-mail address _____

I hereby authorize and release from all liability my present/previous employer and/or educational institution/volunteer placement to provide reference information concerning me, including but not limited to achievement, performance, attendance, employment/educational history, disciplinary information and reason for separation of employment and/or education.

Applicant's Signature _____ Date _____

Please read and check before signing:

- I certify that I am 18 years of age or older and that the information in this application is correct to the best of my knowledge and I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
- I understand that my two references need to submit their completed forms directly to the Friends of Bon Echo, or through me in a signed, sealed envelope, before I may be contacted.
- I understand that not everyone who applies is accepted as a volunteer.
- I understand that, if accepted into a position where responsible for handling cash, I will be required to provide a criminal reference check (see www.opp.ca to print form)

Applicant's Signature _____ Date _____

Print Name _____

Once completed, you can scan and email to friendsbonecho@gmail.com or mail to the Friends of Bon Echo Park, 16151 Hwy 41, Cloyne, ON K0H 1K0, or fax to 613 336-2712.

Come volunteer for an hour, a day or a season!