

CHAPMAN CREEK HATCHERY VOLUNTEER APPLICATION

Personal Contact Information

First Name		Last Name	
Address			
City		Postal code	
Home Phone Number		Cell Phone	
Email Address			

Emergency Contact Information

Name	
Current Address	
Home Phone Number	
Cell Phone Number	
Email Address	
Relationship	

Volunteer Information: I am at least 16 years old OR I have parental consent

Parent Name _____ Parent Phone Number _____

I am available: Mornings _____ Afternoons _____

Check which days you are available: Mon Tues Wed Thurs Fri Sat Special Events

Have you ever volunteered before? Y N If so, where? _____

Do you have any health conditions that may limit your physical capabilities or that the staff should be aware of?

Please list health conditions such as **severe allergic reactions / physical limitations if applicable*

Have you ever been convicted of a crime for which a pardon has not been granted? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is *not* an automatic disqualification for volunteer work. Information disclosed on this form will be treated as confidential.

Do you possess the following skills or certifications?

- Driver's License - Class _____, Expiry Date _____
- First Aid - Level _____, Expiry Date _____
- Carpentry Electrician Aquaculture Administrative Landscaping Janitorial Other :

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of a volunteer opportunity or employment. I certify that the information I have provided is correct and complete to the best of my knowledge and I will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

VOLUNTEER AGREEMENT & RELEASE

CONTACTS

OFFICE

Phone: 604-885-4136
Email: admin@scsalmon.org
Website: www.scsalmon.org

MAILING ADDRESS & LOCATION

4381 Parkway Drive
Sechelt, BC
V7Z 0G8

HOURS OF OPERATION

MON – SUN
9:30 – 12 & 1 – 3:30
Office Closed on Weekends
Closed on Stat Holidays

IS VOLUNTEER BETWEEN 16 - 18 YEARS OF AGE?

Yes No

A parent/guardian must sign this form if the volunteer is between the ages of 16-18

PRIVACY STATEMENT

I have read and understand the following: SCSES will use information gathered herein to process this application. But SCSES will not intentionally sell, share, or distribute personal information to third parties, except as required by law or policy.

SUNSHINE COAST SALMONID ENHANCEMENT SOCIETY and CHAPMAN CREEK HATCHERY

In consideration of being permitted to participate in the Volunteer Programs of the SCSES, I, the undersigned, agree to assume all risk of loss or injury, including death, to myself or damage to my property while on any of the premises of Chapman Creek Hatchery and hereby release and waive any rights of action I presently have or may in the future acquire against the Sunshine Coast Salmonid Enhancement Society to their heirs, assigns, servants, agents or volunteers for any such loss or injury, even though such loss or injury is caused by the negligence or default of the SCSES, its servants, agents or its volunteers, whether acting in the scope of employment or not. I acknowledge that Chapman Creek Hatchery is a work place in a wilderness setting and that the conditions of the weather, grounds, wild life and surrounding waters can be unpredictable and strenuous, and to consult my physician about working variable weather conditions as well as any other health or physical concern I may encounter while working at Chapman Creek Hatchery. I hereby waive for my personal representatives and dependents all such claims or rights of action aforementioned that the undersigned or my personal representative and dependents may herein have against the Sunshine Coast Salmonid Enhancement Society, their heirs, assigns, servants, agents or volunteers. By my signature and seal, I acknowledge that I am of the full age and that I have read this release and have voluntarily accepted it.

I also acknowledge that the Senior Staff person present is in full and total charge of the facility. In consideration of being permitted to participate in the Volunteer Programs of the Sunshine Coast Salmonid Enhancement Society (S.C.S.E.S)

I, the undersigned have read and agree to abide by the terms and conditions of S.C.S.E.S.

_____ (Initial here)

By my signature I acknowledge that I am of full age and that I have read in detail the document containing the guidelines and have voluntarily accepted it.

DATE: _____

PRINT NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE OF VOLUNTEER: _____

SIGNATURE OF PARENT/GUARDIAN: _____