



Volunteer Registration Form

Criminal Record Check required:

<https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/crime-prevention/criminal-record-check/crr026-vol-consent.pdf>

Name: _____ Adult: Youth: (Minimum age of 12) Phone: _____

Address: _____ City: _____ Postal Code: _____

Province: _____ Date of Birth: _____ Male: Female:

If under 18, please provide Parent or Guardian Information:

Name: _____ Home Phone: _____ Cell Phone: _____

#2 Name: _____ Home Phone: _____ Cell Phone: _____

Can your child sign themselves out of camp? Yes: No:

Volunteer Information:

How did you hear about us?

What made you interested in volunteering?

Have you worked with children before? If so please provide a reference:

Name: _____ Phone: _____ Email: _____

Medical information:

Who would you like us to contact in an emergency?

Name: _____ Phone: _____ Alt. Phone: _____

Do you have any allergies or medical concerns that we should be aware of?

What week of camp are you interested in volunteering with us?

July 22 - 25 August 19 - 23

Signature: _____

Date: _____