

**Volunteer  
Registration Form**



**Name** (first & last): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Office/Cellular Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Birth date m/d/yr** (yr is optional): \_\_\_\_\_

<b>Emergency contact:</b> _____ <b>Phone:</b> _____ <b>Relationship:</b> _____
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**Do you have valid medical insurance?** Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

Have you volunteered with the Vancouver Aquarium before? Yes \_\_\_ No \_\_\_

If yes, why did you discontinue volunteering with us? \_\_\_\_\_

\_\_\_\_\_

Languages spoken fluently: \_\_\_\_\_

**Special Skills**

Describe any training, skills, hobbies and/or volunteer experiences that might be relevant to volunteering at the Aquarium. (e.g. Scuba Certification, First Aid, etc.)

\_\_\_\_\_

<p><b>For office use only: Start Date:</b> _____ / May 1, 2008</p> <p><b>Y / A</b>   <b>M / F</b>   <b>Entered into RE by:</b> _____</p> <p><input type="checkbox"/> <b>Volunteer</b>, Exception Reason: _____</p> <p><input type="checkbox"/> <b>Intern</b>, Placement Department: _____</p> <p><input type="checkbox"/> <b>Other</b>, Clarification: _____</p>
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**Availability**

Indicate the typical weekly days and times you are available to Volunteer.

**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).

**Release of Personal Information**

I hereby allow the Vancouver Aquarium 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 Aquarium.

In addition, I allow the Vancouver Aquarium 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.

**Commitment**

I understand that I must commit to a minimum Volunteer Services of 6 months of weekly shifts or the equivalent 100 hours of service in a shorter amount of time. I agree to abide by the policies and procedures of the Vancouver Aquarium as outlined in Volunteer training and/or the Volunteer Handbook.

**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 **(no immediate family)**:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Liability Waiver©

### RESPONSIBILITY:

In consideration of the Vancouver Aquarium accepting the application of (name) \_\_\_\_\_ to participate in the VOLUNTEER PROGRAM, I, my heirs, executors, administrators and assigns hereby release the Vancouver Aquarium, its respective servants, agents or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in the VOLUNTEER EXPERIENCE notwithstanding any such loss, injury or damage which may have arisen by reason of negligence of the Vancouver Aquarium, its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse now or hereafter resulting from any decision made in good faith of the Vancouver Aquarium.

**Program name:** VOLUNTEER PROGRAM

**Name of Volunteer** (printed): \_\_\_\_\_

I have read and agreed to the conditions as stated under RESPONSIBILITY.

**Signature of Volunteer\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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### Photography/Video/Motion Picture Model Release (Optional)

I hereby transfer to the Vancouver Aquarium all rights whatsoever, which I have in the photographs, motion picture or video footage which they or their representatives have taken of me.

I consent to the use of photographs, motion picture, or video footage for all purposes whatsoever (including without limitation: website, television, publication, and/or any trade, advertising usage or stock sales).

I also agree to give to the Vancouver Aquarium all rights to reproduction in any manner whatsoever any recording made by the Vancouver Aquarium of my voice.

**Name** (printed): \_\_\_\_\_

**Signature of Volunteer\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## Reminders:

- ❑ Bring **completed forms** with you **to your interview** or **return ASAP to Volunteer Services.**
- ❑ **Registration Form** and **Liability Waiver must be signed.**
- ❑ An **emergency contact** is **required** on page 1.
- ❑ The **Photo Release** on page 3 is **not required.** Please indicate you do not want to sign these by putting a large, visible line through the text.
- ❑ Please **call 604.659.3478** if you **need assistance** with forms.
- ❑ A copy of the **Volunteer Handbook** is **available at Volunteer Services.**