

Volunteer Intake Form

PROTECTED B (when complete)



Personal Contact Information

Full Name:

Date of Birth (DD-MM):

(Ages 14-17 must have Parent or Legal Guardian fill out the Parent/Legal Guardian Consent Form)

Home Address:

Home Phone Number:

Cell Phone Number:

Email Address

Preferred method of communication:

Phone

Text

Email

(Check all that apply)

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Emergency Contact Information

Full Name

Phone Number

Email Address

Relationship to Volunteer

Accommodations Requirements (e.g. Allergies, Accessibility/Accommodation Requirements):

Accessibility/Accommodation required

Yes ☐

No ☐

Medical/Allergies or condition to be noted on file

Yes ☐

No ☐

If **YES** has been identified in either of the two above sections, please use the box below to identify your accommodation/accessibility requirement(s).

Details/Requirements:

Disclosure and Consent for Use

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I understand that photography and videography could occur while the volunteer role is carried out. I authorize CFMWS to use and disclose my likeness (or child) as it pertains, voice, and words in television, radio, film, or in any other form for other CFMWS volunteer initiatives. I may withdraw this consent at anytime.

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I authorize CFMWS to communicate with me electronically on matters that relate to CFMWS programs activities and other initiatives, which CFMWS believe, may interest or be of benefit to you. I may withdraw this consent at anytime.

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Privacy notice

Personal information is used for the administration of the CFMWS National Volunteer Program and the management of volunteers within NON-Public Property (NPP) organizations.

Personal information is protected, and is only used and disclosed in accordance with the provision of the [Privacy Act](#) and as described in personal information bank Volunteers – CFMWS PPU 100. Under the Act, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

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I have read and understand the Privacy Notice, and consent to the collection, use and disclosure of my personal information as described therein and as authorized above, until such authorization is revoked by me in writing.

Volunteer Name (Print):

Volunteer Signature:

Date:

volunteer@cfmws.com

CFMWS.ca