



Friends of Bouchie - Milburn Society

CAR RALLY SCAVENGER HUNT VOLUNTEER FORM

If completing by hand, please print clearly. Please return this form electronically if possible. Thank you.

All information gathered will be kept confidential and will be used by the Friends of Bouchie-Milburn Society only.

GENERAL INFORMATION

Last Name		First Name:	
Gender	MALE	FEMALE	OTHER
		Date of Birth (Optional) DD/MM/ YR	
Address (Mailing):			
Telephone (H)		Cell Phone:	
Email:			
Preferred Method of Contact:		Do you have a valid Driver's License?	

Areas(s) of Interest - Please circle your preferences for volunteering. Check as many as you like.

Clerical / Administration	Parking / Traffic Attendant	Directing Attendees	Site Set Up
Master of Ceremony (Host)	Site Take Down / Clean Up	Registration / Information Tent	Volunteer Hospitality Tent
Staging Area - Start Line / Finish Line	First Aid	Daytime Security	Photography / Video
Fundraising - 50/50 Ticket Sales	Site Maintenance / Custodial	Merchandise	Graphic Design
Vendor Market	Social Media	Other:	Other:

Please indicate if you have any relevant certification and /or special training?

Food Safe Level 1	Food Safe Level 2	OFA Level 1	OFA Level 2
OFA Level 3	Flagging	Other:	Other

How did you hear about volunteering for the Car Rally (Check all that apply)

MISSION STATEMENT (adopted December 28, 2017)

The mission of the Friends of Bouchie - Milburn Society is to support and unite our community and focus our collective energy on desired projects, events and celebrations that improve the health, liveability, education, safety, and welfare of all Bouchie Lake and Milburn Lake residents through inclusion, kindness and collaboration



Friends of Bouchie - Milburn Society

<input type="checkbox"/>	Friend / Relative	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Another Volunteer	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Poster	<input type="checkbox"/>	School	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Other: _____

Do you have any comments or questions? Please list them here.

Applicants under the age of majority (19 years) must have a parent / guardian complete the following:

I am aware of and support my child / legal dependent's decision to volunteer with the Friends of Bouchie - Milburn Society.

Name: _____

Relationship to Applicant: _____

Telephone Number(s): _____

Parent / Guardian Signature

Date (DD/MM/YYYY)

☐ By checking this box, I certify that the information in this form is correct and complete. I give my permission to the Friends of Bouchie-Milburn society to obtain, if required, a criminal record check and /or a drivers abstract. I understand that I will be advised in advance if a criminal record check and /or drivers abstract or other program specific checks are required.

☐ By checking this box, I understand that the Friends of Bouchie-Milburn Society will retain my contact information and may reach out to me for future volunteer opportunities.

Applicant's Signature

Date (DD/MM/YYYY)

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