



Volunteer Application Form

PERSONAL INFORMATION

Name: _____
First *Last*

Address: _____
Street Address

_____ *City* *Province* *Postal Code*

Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

Do you have any health conditions we should be aware of when determining your volunteer placement?

How did you hear about this opportunity?

Why do you want to volunteer with Dan's Legacy?

Volunteers under the age of 18 must submit a written release and consent form signed by their parent or guardian prior to volunteering. Please indicate your age range:

Under 18

18 +

Are you double vaccinated against COVID-19?

Yes

No

Dan's Legacy Foundation

www.danslegacy.com

CRA Registered Charity #84162 1154 RR0001

We respectfully and gratefully acknowledge that our work takes place on the unceded and traditional territory of the Coast Salish peoples.

Dan's Legacy will provide volunteer hour documentation for students. Do you require a volunteer hours acknowledgment letter?

Yes

No

AVAILABILITY AND INTERESTS

What level of commitment are you looking for?

One day

Short term (less than 6 months)

Long term (6 months to 1 year)

Ongoing

Please select the positions you're interested in volunteering for:

Please note that not all positions are available at all times.

Community Outreach Ambassador

Fundraisers and Events

Board and Committee Member

Sunday Haven & Food Bank Program

Administrative Support

What days and times are you usually available?

SKILLS AND EXPERIENCE

What kind of work or volunteer experience do you have that would be useful in this position (*customer service, admin, food bank operations, etc.*)

Additional Comments:

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DECLARATION

Please read the following carefully before signing and submitting your application.

- I declare all the information provided on this application form and in any other accompanying documents is complete and true in every respect.
- I understand that I will be provided with any training necessary for the safe and responsible performance of my duties and that I will be expected to meet all the requirements of the position. I understand that I will not receive monetary compensation for the services contributed.
- I understand that I will be advised in advance if a criminal record check may be required for a specific position.
- I release Dan's Legacy from any and all liabilities related to or arising from my service as a volunteer.
- Dan's Legacy has my permission to use my photograph publically to promote the event. I understand that images and video may be used in print and online publications, websites, media and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
- I consent to being contacted by Dan's Legacy about volunteering, programs, events, campaigns, promotions and activities. I understand I can withdraw this consent at any time.

My signature on this form acknowledges that I have read, understand and accept these terms listed above.

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

Thank you for your interest in volunteering at Dan's Legacy! Please return this form to Zena Peden, Events & Administrative Coordinator at zena.peden@danslegacy.com.

Suitable applicants will be contacted to discuss current volunteer opportunities.

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