



VOLUNTEER APPLICATION FORM

PLEASE PRINT CLEARLY		GENERAL INFORMATION	
Last Name		First Name	
Address		City	Postal Code
Tel (Home)		Tel (Cell)	
Tel (Bus)		Email Address <input type="checkbox"/> Please add me to your e-news list	

VOLUNTEER AREAS OF INTEREST:

<input type="checkbox"/> Community Events	<input type="checkbox"/> Public Educational Programs
<input type="checkbox"/> Environmental Monitoring	<input type="checkbox"/> Site Restoration/Maintenance
<input type="checkbox"/> Flyer Distribution	<input type="checkbox"/> Trail Maintenance
<input type="checkbox"/> Forest Patrol	<input type="checkbox"/> Tree Planting
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Yellow Fish Road
<input type="checkbox"/> Guided Hikes	<input type="checkbox"/> Other (<i>please specify</i>): _____
<input type="checkbox"/> Invasive Species Removal	_____

AVAILABILITY

Weekends
 Weekdays
 Evenings

KNOWLEDGE AND SKILLS RELEVANT TO VOLUNTEER WORK

FIRST AID TRAINING

RELEVANT ORGANIZATION MEMBERSHIPS

ANY HEALTH CONCERNS OF WHICH THE GRCA SHOULD BE AWARE OF

Freedom of Information: Information is collected under the legal authority of the Conservation Authority Act and is strictly for the use of the Ganaraska Region Conservation Authority (GRCA).

Signature _____

Date _____

General Information

The Ganaraska Region Conservation Authority (GRCA) works to ensure that local watersheds, lakes, wetlands, woodlands, and natural habitats are conserved, managed and restored. The authority develops and maintains programs that will protect life and property from natural hazards, such as flooding and erosion and works to provide opportunities for the public to enjoy, learn from and respect the region's natural environment.

The GRCA relies on a high degree of voluntary effort to expand and improve programs and to make our delivery of service unique and successful. Program volunteers are responsible to GRCA staff for their performance and project supervisors will determine if a volunteer should be denied volunteer privileges. Volunteers are expected to maintain the GRCA's high quality of service and to conduct themselves in a professional, helpful manner at all times. Volunteers agree to support the GRCA without expectation of remuneration or special consideration.

The GRCA supports its volunteers by providing training and guidance in their program areas.

Requirements

It is the policy of the GRCA that all regular volunteers submit a clear, Criminal Reference Check. Volunteers working with children or for special public events must also undergo a Vulnerable Sector Check available through the police department closest to the volunteer's residence. It is the responsibility of volunteers to pay for and provide this information before their duties begin

Special event or one-time volunteers may only be required to complete the authority's Volunteer Waiver, depending on the activity.

Opportunities

With over 11,000 acres of forest and an extensive trail network, the Ganaraska Forest provides incredible opportunities for outdoor recreation, education and resource management. Responsibilities may include patrolling the forest for user's proper documentation, trail maintenance and site restoration, public education programs, guided hikes, and special events.

Volunteer opportunities may also be available through the GRCA's watershed services department (environmental monitoring and stewardship). Opportunities may include tree planting, Yellow Fish Road and other community events.



GANARASKA REGION
CONSERVATION AUTHORITY
2216 County Road 28
Port Hope, ON L1A 3V8

Ph: 905.885.8173
Fax: 905.885.9824

Email: info@grca.on.ca
www.grca.on.ca



**GANARASKA
FOREST CENTRE**
GANARASKA FOREST CENTRE
10585 Cold Springs Camp Road
Campbellcroft, ON L0A 1B0

Ph: 905.797.2721
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**GANARASKA REGION
CONSERVATION AUTHORITY**

VOLUNTEER APPLICATION





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MEMBER OF
CONSERVATION ONTARIO

Ganaraska Region Conservation Authority Volunteer Waiver

I am volunteering for the Ganaraska Region Conservation Authority. I understand that:

- I may refuse to undertake any task assigned to me, if in my opinion the task is not appropriate or has an associated danger.
- I am not entitled to compensation from the Ganaraska Region Conservation Authority should I have an accident or injury while performing voluntary work.
- The Ganaraska Region Conservation Authority does not provide accidental death, dismemberment or medical insurance on behalf of the participants of the event.
- Any accident or injury caused as a result of vehicular accident is the responsibility of the insured owner of that vehicle.
- The Ganaraska Region Conservation Authority is under no financial obligation to me as a result of my voluntary work.
- The Ganaraska Region Conservation Authority has no liability responsibility toward me as a result of my voluntary work.

Although all safety precautions will be taken by the Ganaraska Region Conservation Authority to ensure my safety, I understand that activities of such nature do present various elements of risk. Incidents relating to such activities may occur and cause injury through no fault of myself or the Ganaraska Region Conservation Authority.

In addition, I hereby consent to photographs being taken of myself during the event and that any such images will only be used as a record of the event and for promotional purposes.

I have read and understand this volunteer waiver and will participate in a safety presentation.

Signature

Date

Please Print Name

Consent from a legal guardian is required for volunteers who are under the age of 18. If you fall under this category, please fill in the information below. The completed form is required for your participation in the event.



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MEMBER OF
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Student Emergency Contact Form

Student's Name:	
Address (include postal code):	
Telephone:	Cell:
Health Card Number:	
Do you have any medical conditions that we should know about, including allergic response to bees or wasps? Please describe:	
Please indicate someone we can contact in case of an emergency	
Name:	
Relationship:	Telephone:

Legal Guardian Permission (if volunteer is under 18 years old):

I, _____, am the legal guardian of

_____. I have read and understand the above,
and I give my permission for him/her to participate in the volunteer event.

Signature

Date

I also hereby consent to photographs of _____
being taken during the event and that any such images will only be used as a record of
the event and for promotional purposes.

Signature

Date