



Making a difference...together

### CRD VOLUNTEER APPLICATION FORM

625 Fisgard Street, PO Box 1000 Victoria, BC V8W 2S6 Tel: (250) 360-3000 Fax: (250) 360-3023

(please print clearly)

#### Personal Information

Last Name:	Given Name(s):	Name(s) You Go By:	[Mr] [Ms] [Miss] [Mrs]
Street Address:		City:	Postal Code:
Mailing Address (if different):		City:	Postal Code:
Home Phone ( )	Home Fax: ( )	Cell/Pager: ( )	
Date of Birth : YYYY/MM/DD		Home Email Address:	

#### In case of emergency notify:

Last Name:	First Name:	Relationship:	
Address:	City:	Home Phone: ( )	Work Phone: ( )

Volunteer position applied for: \_\_\_\_\_

Name of CRD department you are volunteering for: \_\_\_\_\_

Skills or experience relevant to the position applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that my services must be in conformance with the tasks described in the volunteer position description, which I have read and understand.

I understand that in the event of a personal injury I am not covered by WCB but instead would be eligible for benefits under the CRD Volunteer AD&D policy (subject to terms and conditions).

I understand that I am responsible for the safety and security of all my property and possessions.

I understand that the District will indemnify me against any claims for damages arising out of the performance of my duties and, in addition, pay amounts required for the protection, defense, or indemnification arising therefrom provided that I am not guilty of dishonesty, gross negligence, or willful misconduct, or the cause of the action libel or slander.

SIGNED this \_\_\_ day of \_\_\_\_\_ 201\_\_.

\_\_\_\_\_  
**Signature**

#### OFFICE USE ONLY

Volunteer Accepted (y/n):	_____
Starting Date:	_____
Finish Date:	_____
Authorized Signature:	_____ Date: _____

#### FREEDOM OF INFORMATION

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the Volunteer program. Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy contact: Capital Regional District, Senior Coordinator, FOIPP (250) 360-3000.