Hespeler Village
Neighbourhood Association

Hespeler Village Neighbourhood Association
Volunteer Registration Form - School Year Programs 2023

Volunteer Information:

Full Name:
Pronouns:
Age:
Birth Date:
Street Address:
Postal Code:
Email:
Phone Number:
Shirt Size:
Medical concerns/conditions (E.g. Allergies, Asthma, Diabetes): □ Yes □ No If yes, please complete an Emergency Alert and Consent to the Administration of an EpiPen form to accompany this registration.
Is the volunteer on any medication? (E.g. Ritalin, Inhaler, EpiPen) □ Yes □ No If yes, explain:
Does the volunteer require support/accommodation due to a disability? □ Yes □ No If yes, please complete an HVNA Support Information Form to accompany this registration.

Volunteer Shift Details (*Please choose the shift(s) you would like to volunteer for):*

Volunteer Shift	Date(s)	Time	Fee	Check
After-School Program (ASP)	Mondays	3:30-5:30	$0	☐
After-School Program (ASP)	Tuesdays	3:30-5:30	$0	☐
After-School Program (ASP)	Wednesdays	3:30-5:30	$0	☐
After-School Program (ASP)	Thursdays	3:30-5:30	$0	☐
Youth Drop-In	Mondays	5:30-7:30	$0	☐
Youth Drop-In	Wednesdays	5:30-7:30	$0	☐

Emergency Contact Information:

Name	Relationship	Phone Number

Signature:

1. Authorization and RELEASE: I, in my personal capacity and on behalf of the volunteer, do hereby RELEASE FROM ALL LIABILITY Hespeler Village Neighbourhood Association, its directors, volunteers, employees, agent and representatives (hereinafter Releasee) for any injuries, illnesses, or other mishaps that may be incurred by the participant while attending a registered or drop-in program or event, except where damage or injury is caused by the gross negligence of the Releasee. In the event the volunteer should be injured or become ill, I authorize any medical treatment that may be required and will assume full financial responsibility for the said treatment. At no time is the Releasee liable for the action/inaction of any support worker supplied by and/or for the volunteer..

2. Permission Form: I hereby give permission for the volunteer to travel off-site to activities and events with the staff and other volunteers on the above terms. Prior notice/schedules of activities will be provided. I authorize that I/my child may be digitally imaged for public relations materials/purposes.

3. Personal Information: Personal information collected on this form is obtained in compliance with the Personal Health Information Protection Act (PHIPA) and will be used only for the purpose of HVNA. Questions about the collection of personal information should be directed to HVNA by calling 519-240-3567. By signing this release, you are releasing your legal rights against HVNA.

By signing below, you are attesting that all the information provided above is accurate and that you acknowledge statements 1,2 and 3.

_____ _____

Parent/Guardian or Volunteer (18+) Signature Date:

Thank you for your registration. We look forward to you volunteering with HVNA!