



Please return this form to:
 Adam McDowell
 Community Outreach Coordinator
 E: adamcd@wellington.ca
 T: 519.400.3040

County of Wellington
 Green Legacy Programme
 6714 Wellington Road 34
 Cambridge N N3C 2V4

Date of Application (M/D/Y) :		Estimated end date (M/D/Y):	
YOUTH VOLUNTEER (13-17 years)			
Applicant Information			
Name:			
Volunteer job description: Youth Tree Care Volunteer		Nursery Location (circle one) Puslinch Damascus	
Current address:			
City:	Province:	Postal Code:	
Email:		Phone:	
Background Information			
If applicable, what program or organization are you volunteering with?		Required hours (if any):	
Relevant experience (from previous volunteering, work, or hobbies):		How long?	
Why would you like to volunteer with us?			
What skills do you bring to the programme?			
Are there specific ways that you would like to help as a volunteer?			



County of Wellington
 Green Legacy Programme
 6714 Wellington Road 34 RR 22
 Cambridge, ON N3C 2V4

Please return this form to:
 Adam McDowell
 Community Outreach Coordinator
 E: adamcd@wellington.ca
 T: 519.400.3040

Emergency Information

List any allergies or health concerns that would be helpful for us know about:

Emergency Contact:	Relationship:
Address:	Main Phone: Secondary Phone:

Availability

Please highlight days/times when you would be interested in volunteering:
 AM (9am -12pm) PM (12pm-4pm) EVE (4pm-8pm)

Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday					
AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE			
Spring						Summer						Autumn						Winter					

Comments:

Signature

- I agree to respect policies and abide by the rules regarding code of conduct within The Green Legacy Programme
- I agree to co-operate with staff and other volunteers, to follow instructions, to carry out the duties assigned to me
- If unable to volunteer, I will notify the Community Outreach Coordinator as much in advance as possible

Signature of applicant:	Date:
Signature of parent/guardian:	Date:

Questions?

Adam McDowell
 Community Outreach Coordinator
 E: adamcd@wellington.ca
 T: 519.400.3040



Please return this form to:
 Adam McDowell
 Community Outreach Coordinator
 E: adamcd@wellington.ca
 T: 519.400.3040

County of Wellington
 Green Legacy Programme
 6714 Wellington Road 34 RR 22
 Cambridge, ON N3C 2V4

<i>For Community outreach coordinator to fill out</i>			
<i>Volunteer Requirements</i>			
Photographic Release	Yes	No	Date received:
Green Legacy Programme Volunteer Information Sheet	Yes	No	Date received:
In calendar	Yes	No	Date entered:
Sent to staff:	Yes	No	Date sent:
Saved in:	Yes	No	Date entered:



PHOTO RELEASE FORM

To: County of Wellington

I, _____ hereby consent to have myself and/or my child, _____, photographed.

I also consent to the use of the photograph or likeness of myself and/or my child as above named on the Internet through the Worldwide Website, Communications Page (newspaper), in any official printed publications, or any electronic and/or digital media.

I acknowledge as follows:

- 1 that you have the right to crop or treat the photograph at your sole discretion;**
- 2 that whether or not the photo images are used and where they are used remain at your absolute discretion; and**
- 3 that I understand that any image posted on the Internet Website may be downloaded by any computer user.**

On my own behalf and where applicable, as the child's parent or legal guardian, I agree to release and hold harmless the County, its members, trustees, agents, officers, contractors, volunteers and employees from and against all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my or my child's photograph or likeness in the print medium, on the Internet or any other electronic and/or digital medium.

I understand the nature and the purpose of this consent.

Date

Print Full Name

Signature

Address: _____
