



**Volunteer Enrolment Form - Youth**  
**Friends of the Central Experimental Farm**  
**Building 72, Arboretum, CEF, Ottawa, ON K1A 0C6**  
**Phone 613-230-3276 or Fax 613-230-1238**  
[volunteer@friendsofthefarm.ca](mailto:volunteer@friendsofthefarm.ca)/[www.friendsofthefarm.ca](http://www.friendsofthefarm.ca)  
**Charitable Number 118913565RR0001**

**Please Print**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**In Case of Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

**Languages:**

French \_\_\_\_\_ English \_\_\_\_\_ Other \_\_\_\_\_

Do you have any physical limitations? ( bending, kneeling, lifting, walking) If yes, please explain. \_\_\_\_\_

On what date do you wish to start volunteering? \_\_\_\_\_

On what date do you wish to stop volunteering? \_\_\_\_\_

**It is recommended that all volunteers working in the gardens have an up to date tetanus immunization.**

**The FCEF work in the CEF gardens Monday through Friday mornings. Please indicate the garden(s) you would like to volunteer in.**

McCoun Garden (Monday) \_\_\_\_\_ Lilac Team (Monday) \_\_\_\_\_ Perennial (Tuesday) \_\_\_\_\_ Shelter Belt (Tuesday) \_\_\_\_\_  
 Arboretum (Wednesday) \_\_\_\_\_ Iris & Daylilies (Wednesday) \_\_\_\_\_ Hosta Garden( Wednesday) \_\_\_\_\_  
 Peonies (Thursday) \_\_\_\_\_ Explorer Rose (Friday) \_\_\_\_\_ CEF Roses (Friday) \_\_\_\_\_ Lilac Team (Friday) \_\_\_\_\_  
 Bloom Time (Varies) \_\_\_\_\_

**The FCEF hold a variety of Fundraisers. Please indicate which event(s) you would like to volunteer.**

**Weekday Events:**

10 Mile Run \_\_\_\_\_ Event Setup/Take Down \_\_\_\_\_

**Weekend Events:**

Strawberry Social \_\_\_\_\_ Craft & Bake Sale \_\_\_\_\_ Rare and Unusual Plant Sale \_\_\_\_\_ Victorian Tea \_\_\_\_\_  
 Art on the Farm \_\_\_\_\_ Fine Art Exhibition and Sale \_\_\_\_\_ Shelter Belt Ceremony \_\_\_\_\_ Book Sale \_\_\_\_\_  
 Event Set up/ Take Down \_\_\_\_\_

**The information on file is confidential and will not be released to a third party without written consent. A signed liability waiver on the back of form is required before any volunteer hours can be performed.**

## WAIVER - YOUTH

### Friends of the Central Experimental Farm

I understand that it is a condition of my child's participation in the Friends of the Central Experimental Farm ("FCEF") volunteer programs that my child does so at his or her own risk. I agree that FCEF shall not be liable in any way for any loss or injury resulting from or in connection with this participation. I hereby release FCEF, its members, directors, agents and staff from any and all liabilities and damages arising from my child's participation in its activities.

I also declare that my child is, *a minimum age of 14 years*, in good health and is physically capable of participating in the activities of the FCEF's volunteer programs.

I agree that in the case of inappropriate behavior by my child (including but not limited to inappropriate use of FCEF property or inappropriate behavior to other participants in the FCEF volunteer programs), as determined in the sole discretion of the staff of FCEF, my child may be asked to leave FCEF's volunteer programs. I also understand that I am responsible for the behavior of my child and I am liable for any damages to property caused by my child.

DATED as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

SIGNED in the presence of:

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Child (please print)