



Volunteer Enrolment Form
Friends of the Central Experimental Farm
Building 72, Arboretum, CEF, Ottawa, ON K1A 0C6
613-230-3276



volunteer@friendsofthefarm.ca/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. _____

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 at.

Weekday Events:

10 Mile Run _____ Book Sorting _____ Lecture Host _____ Event Setup/Take Down _____

Weekend Events:

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

The CEF uses Volunteers in the Office. Volunteers come in for either the mornings or afternoons. Please indicate where you are interested in helping out.

Please indicate day _____ and time (am/pm) _____

General Support _____ Newsletter Assembly _____ Translation- English/French-work at home _____

Please share with us any skills that you have that you may feel could be useful in your work with us.

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

WAIVER

Friends of Experimental Farm the Central

I understand that it is a condition of my participation in the Friends of the Central Experimental Farm ("FCEF") Volunteer Program that I do so at my 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 participation in its activities.

I also declare that I am in good health and am physically capable of participating in the activities of the FCEF's volunteer programs.

I agree that in the case of inappropriate behavior (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 Board of Directors of FCEF, I may be asked to leave FCEF's volunteer programs. I also understand that I am responsible for my behavior and I am liable for any damages to property that I may have caused.

DATED as of this ____ day of _____, 20__.

Name of Volunteer (Print)

Signature of Volunteer

Signed in the presence of:

Name of Witness (please print)

Signature of Witness