



Fund Development/Event Volunteer Form

*Please print clearly

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

1. Are you a Wellspring Calgary (please circle all that apply):

member facilitator volunteer staff

2. Did someone refer you to volunteer with Wellspring? Name: _____

If no one referred you, how did you hear about becoming an event volunteer at Wellspring?

Ex: Newsletter, email, social media, TV, radio, another event: _____

3. When is the best time for us to reach you (please circle all that apply):

morning afternoon evening weekends

4. What is the best way to reach you (please rate as 1, 2 and 3):

___ home phone ___ cell phone ___ email

5. What are your preferred days and times to volunteer (please check all that apply):

Days of the Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

6. Do you have any special skills or experiences which would be helpful as an event volunteer?

7. Do you have any physical limitations which may impact your role as an event volunteer (ie: can't lift, limitations with stairs or distances, unable to stand or sit for long periods)? Yes / No
If yes, please describe.

8. Have you volunteered for other organizations? Please briefly describe your roles and duties:

9. What types of volunteer positions would you be interested in helping with (please check all that apply)?

___ **Set up/Tear Down** (may include standing, heavy lifting, bending, twisting, carrying items) – volunteers must be in average physical condition as a minimum. These volunteers will generally be required before and after an event and could include some early hours

___ **Registration** (may require sitting, standing bending, twisting) – volunteers must be able to handle a lot of information, be good with numbers and counting money, work under minimal supervision and work under pressure of time constraints and long lines

___ **Community Engagement** (may include long periods of sitting or standing and talking to the public) – volunteers must be able to stand for long periods of time and be comfortable approaching and talking to the public about Wellspring and the event

___ **General** (willing to do whatever is needed – may include standing, sitting, lifting, early mornings, talking to the public and more. May include, but is not limited to, areas such as providing information, coordinating sign ups and directing traffic)

*Most events will go ahead rain or shine and therefore event volunteers may be required to be outdoors during inclement weather including rain, snow, cold temperatures and very warm.

Signature: _____ Date: _____

IF UNDER 18: Name of Child: _____

Name of Signator: _____ (Parent ___ OR Guardian ___)

**Thank you for your interest in volunteering as a
Fund Development/Event volunteer with Wellspring Calgary!**



Release and Indemnity Events Wellspring Calgary

Wellspring Calgary is proud to be a part of these activities but unforeseen problems may arise which can lead to personal injuries. Because that might happen, Wellspring Calgary is asking you to carefully consider your own needs and wellbeing to determine for yourself whether you are able to safely participate in these activities and volunteer capacities.

Please carefully read and sign this document which says that you fully accept and assume all the risk and all responsibility for any losses, costs, and damages which may result because of your participation in an activity connected to Wellspring Calgary.

I agree to accept all responsibility and liability for any and all risks and hazards of Loss and for any Loss that I may suffer in any way connected with an Activity of Wellspring Calgary. Wellspring Calgary, its Volunteers and Others are not responsible or liable for any Loss I may suffer in any way connected with that Activity.

I will not sue or otherwise make a claim against Wellspring Calgary, its Volunteers and Others for any loss I may suffer in any way connected with an Activity. I hereby give up my right to make any such claim and I hereby indemnify Wellspring Calgary, its Volunteers and Others for any claims, including any dependents' claim for damages under applicable statutes or otherwise that may be made against them arising out of any Loss I may suffer arising from my participation in an Activity, and as well as for any legal fees or other costs incurred in defense of any such claim.

I will indemnify Wellspring Calgary, its Volunteers and Others for any claims that may be made against them for any Loss I may cause and for any legal fees or other costs incurred in defense of any that kind of claim.

I also agree that by signing this document I am agreeing for myself, for my heirs, and for my executors, administrators, legal personal representatives and anyone else who may claim on my behalf.

I am 18 years of age or older, or if not, I have had this document reviewed and executed by my parent or legal guardian. I have read this agreement and fully understand its terms. I particularly understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is found to be invalid, notwithstanding that finding, the balance will continue in full force and effect.

MEDIA RELEASE FORM

1. The undersigned grants, to Wellspring Calgary "Wellspring", the right, permission and license to use the film, footage, audio tapes and/or photographs of myself, in whole or in part, produced for educational or promotional purposes by/for Wellspring, provided that said film, footage, audio tapes and/or photographs be used exclusively by the above-mentioned organization and its agents.
2. The undersigned relinquishes any monetary claim against Wellspring, and agrees that the film, footage, audio tapes and/or photographs may be duplicated and distributed for the educational and promotional purposes of the Wellspring organization.
3. The undersigned has the power, right, authority and legal capacity to enter into this consent and release agreement.

Signature: _____ (member or participant)

IF UNDER 18: NAME OF CHILD: _____

Name of Signator: _____ (Parent ____ OR Guardian ____)