



Volunteer Registration

Please return this form to:

Betty Cheung
DIGA
207 – 3077 Granville Street
Vancouver, BC V6H 3J9
Fax: 604-688-6463

The Disabled Independent Gardeners Association recruits volunteers to assist people with disabilities in their pursuit of recreational gardening activities. Depending on your interests or skills, you may assist with: home & community gardening, accompanying participants on day workshops, transfer of participants and special events.

Personal Information

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Phone: (home): _____ (work): _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Current Occupation: _____

Volunteer or Work History

1. _____ Contact: _____

2. _____ Contact: _____

3. _____ Contact: _____

Why are you interested in volunteering for the Disabled Independent Gardeners Association?



Do you have experience working with people with disabilities and/or horticulture? Explain.

First Aid Training: Yes No If yes, level_____

Please provide a photocopy of your certificate(s) for our files (we may copy for you if required).

Certification provided: Yes No

In what areas are you able to assist?

- | | |
|---|--|
| <input type="checkbox"/> Gardening with members | <input type="checkbox"/> Helping beginner gardeners get started |
| <input type="checkbox"/> Attending/helping at workshops | <input type="checkbox"/> Providing advice to the program/members |
| <input type="checkbox"/> Transportation to workshops/events | |

Where did you hear about DIGA? Please check one.

- | | | |
|--|--|--|
| <input type="checkbox"/> Family/ friend | <input type="checkbox"/> Outdoor Show | <input type="checkbox"/> Volunteer Vancouver |
| <input type="checkbox"/> Media | <input type="checkbox"/> Promotional Booth | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Health Professional | <input type="checkbox"/> Brochure/Literature | |
| <input type="checkbox"/> Recreation Centre | | |
| <input type="checkbox"/> Other (describe)_____ | | |



References & Image Consent

Please provide us with the following information for three references (no family relations please):

Name	Contact Information	Relationship	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you willing to undergo a police records check?

Yes No

Do you authorize the Disabled Independent Gardeners Association, to collect personal information appropriate to the position you are applying for concerning your volunteer, work related and certification (if applicable) background, and to verify the character references that you supplied - with the understanding that the information obtained will be kept confidential, except as otherwise required by law?

Yes No

Consent for use of name or image in electronic or print reproductions:

In consideration of the Society accepting this application, I _____ give my consent to have my name and/or image stored and reproduced by the Society for Society promotional and informational purposes. Reproduction consent includes release for use in Newsprint and Newsmagazine articles, newsletters, and submissions to third parties.

I understand that this application does not imply acceptance to be a volunteer with the Disabled Independent Gardeners Association. Selected applicants will successfully complete an interview and reference checks. Signing below indicates understanding of this process, and declaration that the information provided on the form is true to my best knowledge.

Applicant's signature

Date



Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity

By signing this document, you will waive certain legal rights including the right to sue. Please read carefully.

Assumption of Risks:

I am aware that gardening, including receiving instruction, assistance and or lectures/lessons, involves many inherent risks, dangers and hazards, including, but not limited to, impacts with debris and other objects or equipment used in connection with the program and the instruction thereof, the failure to follow safety procedures or perform within one's own ability or within designated areas, negligence of other participants and negligence on the part of DISABLED INDEPENDENT GARDENERS ASSOCIATION, its members, directors, officers, volunteers, agents, representatives, employees, and assigns. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

Release of Liability, Waiver of Claims, and Indemnity:

In consideration of MY APPLICATION to participate in DISABLED INDEPENDENT GARDENERS ASSOCIATION activities and permitting me to use its equipment and other facilities including but not limited to receiving horticultural instruction, assistance and/ or lessons I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS: that I have or may have in the future against DISABLED INDEPENDENT GARDENERS ASSOCIATION, its members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively the "Releases");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my use or my presence due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT_R.S.B.C., 1979, C 303, AS AMENDED, ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any liability for any damage to property of, or personal injury to, any third party.

By entering this agreement, I am not relying upon any oral or written representations or statements made by the releases other than what is set forth in this agreement.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releases.

****Note:** A parent, guardian, and/ or trustee, committee must also read this form and sign below if the participant is under 19 years of age and/ or the participant has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

Date _____

Participant Signature _____ Print Name _____

Signature of Parent/ Guardian _____ Print Name _____
(If participant is under 19 years of age)

Witness _____ Print Name _____

Forward this application to:

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bcheung@disabilityfoundation.org
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More info: 604-688-6464 ext. 106, or www.disabilityfoundation.org/diga