



Volunteer Registration

Return to: 207 - 3077 Granville Street, Vancouver, BC V6H 3J9

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 in a number of areas, including: home & community gardening, accompanying participants on day workshops, transfer of participants & 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

When are you able to volunteer with DIGA?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where did you hear about DIGA? Please check one.

- Family/ friend Outdoor Show Volunteer Vancouver
- Media Promotional Booth Internet
- Health Professional Brochure/Literature
- Recreation Centre
- Other (describe)_____



References & Image Consent

Please provide us with the following information for 3 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