



City of Abbotsford Volunteer Application Form

- Group Form**
- Individual Form**

CONTACT INFORMATION

Name of Applicant: _____ Date: _____
Organization: _____ Main Contact Person: _____
Address: _____ City: _____
Postal Code: _____ E-mail: _____ Fax: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

VOLUNTEER OPPORTUNITIES – *please choose which area you are interested in volunteering for:*

<input type="checkbox"/> Adopt a Park/Trail <i>Preferred Location:</i> _____	<input type="checkbox"/> Adopt a Street/Block <i>Preferred Location:</i> _____	<input type="checkbox"/> Canine Goose Control Breed of Dog: _____ Name of Dog: _____
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Approximately _____ hrs of work (per month) will be put toward this program.

Special Events

<input type="checkbox"/> Pitch in Week	<input type="checkbox"/> Special Event (<i>other</i>)	<input type="checkbox"/> One Time Clean Up
<input type="checkbox"/> Abbotsford Agrifair	Event: _____	Location: _____
<input type="checkbox"/> Canada Day	Location: _____	Date of Clean Up: _____
<input type="checkbox"/> Arbor Day	Date of Clean Up: _____	

Do you or any individuals in your group have a medical condition/disability/handicap that the City of Abbotsford should be aware of: YES NO
If Yes, describe: _____
Would you or individuals in your group consent to a criminal record check, if required: YES NO

Comments: _____

Signature of Applicant _____
Name of Signatory, if different than contact person: _____ Title: _____
Name of Volunteer Coordinator: _____ Signature: _____