



VIRGINIA PARK COMMUNITY CENTRE
 P.O Box 21011 51 Harding Rd
 St. John's, NL A1A 5B2
 (709) 579 4534 / 579-0257



**2017-2018
 VOLUNTEER REGISTRATION**

Participant Name: _____ **Date of Birth:** _____
Address: _____ **Postal Code:** _____
Phone #: _____ **Email Address:** _____
Best way to contact you: Phone _____ **or Email** _____

Tenant of Newfoundland Labrador Housing? YES ___ NO ___

How often can you volunteer? _____

Availability (Days of week and times): _____

Which programs are you most interested in volunteering with? _____

Reason for Volunteering:

School ___ General Interest ___ Work Placement ___ Other ___

Medical:

Is there any Medical Treatment or any Medical Conditions / Allergies that we should be aware of? YES ___ NO ___

If yes, please give details:

Emergency Contacts:

Name: _____ **Number:** _____

Name: _____ **Number:** _____

PHOTO RELEASE FORM

Throughout the year pictures may be taken of people participating/volunteering in various programs at the Community Centre. These pictures may be used in the community newspaper or on the Community Centre social media formats. In order to take pictures of any of the people participating/volunteering in Centre program, we would need written permission to do so. Below is the photo release form that we need to have signed for all participants registered in our programs.

I _____ **give permission** for _____ to have their/my picture taken while participating/volunteering in Community Centre Programs. I am aware that some of these photos may be used on the Centre's community newspaper or on the Community Centre social media formats.

Signature: _____ **Date:** _____

Would you like to receive the Centre's monthly newsletters / special events notice? YES ___ NO ___