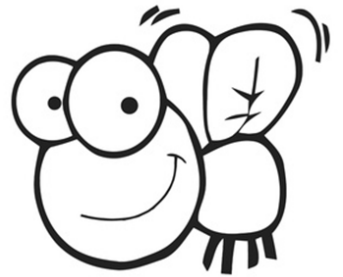


F.L.Y Volunteer Application Form

Due June 20, 2022



Please drop your **fully completed** application off at the Agrium Youth Centre Monday or Wednesday between the hours of 3PM and 7PM. Spots are limited and the application must be completed by the applicant **not by parents**. If you have any questions, please call the Summer Programs phone at 587-596-8576 or the Gibbons Community Cultural Centre at 780-578-2109 and ask for Madysan/Evan.

Personal Information:

First name: _____ Last name: _____

Phone Number: (Cell) _____ (Home) _____

Applicant Email: _____

Guardian Email: _____

Mailing Address: _____

Grade (as of Fall 2022): _____

Medical/Other Information: _____

Briefly describe yourself. You should include your interests, hobbies, and any unique skills you would like to share:

Emergency Contact:

Name of Contact: _____

Relationship to Contact: _____

Phone: (Home) _____ (Cell) _____

Work Experience:

List relevant volunteer, leadership, or work experience (Babysitters course, First Aid, etc.):

Have you participated in the FLY program in the past? Yes____ No____

**If Yes - Why are you interested in doing the program again?

Are you interested in working 62.5 hours to receive 3 high school credits? Yes____ No____

List two character references (eg. Teachers, Employers, Community members):

	Name	Phone Number	Position
1.	_____	_____	_____
2.	_____	_____	_____

Availability:

Are you available to help with Gibbons Pioneer Days July 8th and 10th? Yes____ No____

List any days you are **unavailable**. We understand that the summer is a busy time for everyone and we will be sure to work around your schedule. Weekend work is limited to Pioneer Days as all other programming runs during the weekdays.

Are you able to attend the FLY training on Monday June 27th from 3:30 – 4:30pm?

Yes_____ No_____

Please select the day(s) you are available for a short interview:

Tuesday June 21st 3:00-4:30 _____ Wednesday June 22nd 3:00-7:00 _____

Parent Agreement. Personal Liability, Photography, Media, Field Trip and Personal Information. Waivers and Releases

(To be completed by Parent or Legal Guardian)

Parent Agreement

I _____, hereby release the program, its' employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my child _____.

Photography Release and Waiver

I hereby **Authorize** / **Do not authorize (check one)** the program to use photographs taken of the aforementioned individuals while attending or participating in The FLY program and activities (scheduled or unscheduled) sanctioned by the Program Supervisor. Photographs may be used to promote the program or used in or as part of publications, advertisements, newsletters and displays intended for the general public. **No other use of these photographs will be allowed.**

Media Release and Waiver

I hereby **Authorize** / **Do not authorize (check one)** the program to use my child image to be photographed or videotaped for use by TV, print or electronic media outlets (i.e. Edmonton Journal, Free Press, CBC, CTV, etc.) which may visit the program for the purpose of filming a news story, documentary or other production approved by the Program Coordinator. We understand that our child may be called upon by a journalist to answer questions which we recognize will be screened and monitored by the Program.

Field Trip and Outside Activity Permission Release

I hereby Authorize / x Do not authorize (check one) my child to accompany the program on supervised activities and field trips. I understand that I will be notified of field trips in advance and will be required to sign specific field trip permission forms at that time. These trips may be within the town or surrounding area. I understand that it is my responsibility to ensure that my child arrives at the program location by that stated time of departure. If my child misses the departure time, or we choose to have him/her miss a particular trip, it will be our responsibility to arrange alternate care for these hours. Any costs involved in the participation of the field trip will be the responsibility of the family. No refunds will be granted after the deadline date.

Health Care Authorization

In case of illness or accident of my child and I cannot be reached by phone, I hereby Authorize / x Do not authorize (check one) the program or their representative, to send for or seek medical assistance. I agree that the Summer Program staff, IN AN EMERGENCY, may call the ambulance. All costs incurred are the responsibility of the parent or guardian.

Consent to Administer First Aid

In case of illness or accident of my child and I cannot be reached by phone, I hereby Authorize / x Do not authorize (check one) program staff or their representative, who have been trained and certified in first aid, to administer any necessary first aid treatment. I agree that the FLY Program staff, IN AN EMERGENCY, may call the ambulance. All costs incurred are the responsibility of the parent or guardian.

Section 37 (b) and 38 (1) (c) of the Freedom of Information and Protection of Privacy Act requires that for a public body to use or disclose personal information, the individual the information is about has identified the information and consented, in the prescribed manner, to the use of that information.

I acknowledge having read and understood this liability release and accept the terms therein.

Signature of Parent/Guardian:

Date: _____