



## Municipality of Huron Shores - Volunteer Registration Form

### Contact Information:

Full Name: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Relevant Experience / Qualifications:

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### Screening (if applicable):

Vulnerable Sector Check submitted:  Yes  No      Date: \_\_\_\_\_

Police Record Check submitted:  Yes  No      Date: \_\_\_\_\_

### Acknowledgements:

I have read and agree to follow the Municipality's Volunteer Policy and Code of Conduct.

I acknowledge and understand the risks associated with volunteering for the Municipality.

I understand that I may be removed or reassigned at the discretion of the Municipality.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_