



Volunteer ID Number _____

*A volunteer network providing wholesome nourishment and
nurturing care to mothers and young children in situations of adversity and crisis.*
www.madebymomma.org

VOLUNTEER REGISTRATION FORM

NAME		BIRTHDATE
ADDRESS		CITY
PROVINCE	POSTAL CODE	HOME PHONE NUMBER
E-MAIL ADDRESS		CELL PHONE NUMBER
EMERGENCY CONTACT	RELATIONSHIP	PHONE

1. Current Occupation: _____

2. On average, how many hours a month are you able to volunteer?

☐ under 5 ☐ 5 – 10 ☐ 10 – 15 ☐ 15+ **Do you prefer:** ☐ Evenings ☐ Days ☐ Weekends ☐ Any

3. Volunteer Opportunities (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> cooking / baking for families | <input type="checkbox"/> planning and marketing fundraising events |
| <input type="checkbox"/> delivering food and clothing | <input type="checkbox"/> trade shows / bake sales / information booths |
| <input type="checkbox"/> sorting / cleaning donated items | <input type="checkbox"/> casino volunteer |
| <input type="checkbox"/> providing in-home visits for families | <input type="checkbox"/> administration, data entry |
| <input type="checkbox"/> Resource Centre maintenance | <input type="checkbox"/> leadership roles on a committee / Board of Directors |
| (snow removal, gardening, etc.) | <input type="checkbox"/> program facilitator |

Other areas:

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4. Please list any relevant skills, education, second languages, previous volunteer experience or educational background:

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5. Where did you hear about Made by Momma?**6. Waiver and Release of Liability:**

I agree to make personal safety a top priority, taking responsibility for myself and will promptly report any unsafe conditions to Made by Momma.

I waive and release any and all claims for myself, my heirs, executors and administrators against Made by Momma, its agents, employees and licensees in conjunction with any injury, illness or death which may directly or indirectly result from my participation in this volunteer program, or from any claim arising in connection with the use of my name or any photographs.

Made by Momma is not responsible for the loss or damage to my personal property while I perform my volunteer duties.

7. Confidentiality Agreement

I will not disclose confidential information that I might be exposed to through my volunteer role, unless given clear authorization from Made by Momma. This includes all activity associated with Made by Momma at the Resource Centre and all other locations where volunteer activity may occur.

All data, materials, knowledge and information generated through, originating from or having to do with Made by Momma or persons associated with our activities is to be considered privileged and confidential and is not to be disclosed to any third party.

8. Police Check

I understand that a Volunteer Police Check may be required. I hereby authorize Made by Momma to do so on my behalf.

9. Applicant's Signature and Consent

I have read and fully understand, agree with and take responsibility for the contents of this Agreement.

Signed

Date

Signature of Parent/ Guardian if applicant is under 18 years of age

This personal information you have provided will be kept strictly confidential and will be used for volunteering purposes only. The information will not be shared and is of the exclusive use of Made by Momma. A copy of your file will be kept at the main office.

Return form via mail: Made by Momma, 66 – 21 Street NW Calgary, AB T2N 4T9
Or email: volunteer@madebymomma.org

For Office Use Only:

Volunteer ☐ accepted ☐ declined

Attended Volunteer Orientation: ☐

Notes:

Date registration form received: _____

Database ☐ FB ☐ Meetup ☐

Date: _____