



Ganaraska Region Conservation Authority
Volunteer Application Form

GENERAL INFORMATION PLEASE PRINT CLEARLY

Form fields for personal information: First Name, Last Name, Address, City, Postal Code, Tel (Home), Tel (Cell), Email Address, Availability (Weekdays, Weekends, Both).

VOLUNTEER AREAS OF INTEREST

Grid of checkboxes for volunteer interests: Community Events, Environmental Monitoring, Flyer Distribution, Forest Patrol, Fundraising Events, Assisting with Guided Hikes, Invasive Species Removal, Public Educational Programs, Site Restoration/Maintenance, Trail Maintenance, Tree Planting, Yellow Fish Road, Other (please specify).

BACKGROUND KNOWLEDGE AND SKILLS RELEVANT TO VOLUNTEER WORK

Form with checkboxes for background knowledge: Police Criminal Record Check (PCRC), Police Vulnerable Sector Check (PVSC), Driver's Abstract, CPR & First Aid, Other Related Experience and/or Education.

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH GRCA

Form with checkboxes for reasons for volunteering: Interested in helping the environment, Skill Development, Complete required community service hours, To meet new people, Gain Canadian experience, Gain work experience, Fill up free time, Other (please specify).

REFERENCES

Form for references: Please list two personal references that you give your consent for us to contact by phone. Fields for Name, Phone, Relationship.

GRCA E-NEWS CONSENT

Consent form for e-news: In order to let you know about exciting volunteer opportunities and program/service updates with the GRCA, we will email the quarterly "GRCA E-News" to you. Do you consent to these emails? Yes No

SIGNATURE

Signature and Date fields.

Thank you for taking the time to fill out our volunteer application package. We will contact you when there are volunteer opportunities.

Ganaraska Region Conservation Authority (GRCA) respects the rights of individuals to the privacy of their personal information and is subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The personal information collected herein will not be made public and will not be shared with third parties.

General Information

The Ganaraska Region Conservation Authority (GRCA) works to ensure that local watersheds, lakes, wetlands, woodlands, and natural habitats are conserved, managed and restored. The GRCA develops and maintains programs that protect life and property from natural hazards, such as flooding and erosion and works to provide opportunities for the public to enjoy, learn from and respect the region's natural environment.

The GRCA relies on a high degree of voluntary effort to expand and improve programs and to make our delivery of service unique and successful. Program volunteers are responsible to GRCA staff for their performance and project supervisors will determine if a volunteer should be denied volunteer privileges. Volunteers are expected to maintain the GRCA's high quality of service and to conduct themselves in a professional, helpful manner at all times. Volunteers agree to support the GRCA without expectation of remuneration or special consideration.

The GRCA supports its volunteers by providing training and guidance in their program areas.

Requirements

It is the policy of the GRCA that all regular volunteers submit a clear; Police Criminal Record Check (PCRC). Volunteers working in a position of authority or trust with vulnerable persons must also undergo a Police Vulnerable Sector Check (PVSC). Both are available through the police service closest to the volunteer's residence. It is the responsibility of volunteers to pay for and provide this information before their duties begin

Special event or one-time volunteers may only be required to complete the GRCA's Volunteer Waiver, depending on the activity.

Opportunities

With over 11,000 acres of forest and conservation lands that include an extensive trail network, the Ganaraska Forest provides incredible opportunities for outdoor recreation, education and resource management. Volunteer opportunities may include patrolling the forest for user's proper documentation, trail maintenance and site restoration, public education programs, guided hikes, and special events.

Volunteer opportunities may also be available through the GRCA's watershed services program for environmental monitoring and/or stewardship programs such as tree planting, Yellow Fish Road and other community public events.



GANARASKA REGION
CONSERVATION AUTHORITY
2216 County Road 28
Port Hope, ON L1A 3V8

Ph: 905.885.8173
Fax: 905.885.9824

Email: info@grca.on.ca
www.grca.on.ca

The Ganaraska Region Conservation Authority welcomes and encourages applications from people with disabilities. Accommodations are available on request for candidates taking part in all aspects of the selection process.



GANARASKA FOREST CENTRE
10585 Cold Springs Camp Road
Campbellcroft, ON L0A 1B0

Ph: 905.797.2721
Fax: 905.797.2545

Email: info@grca.on.ca
www.ganaraskaforestcentre.ca



GANARASKA REGION
CONSERVATION AUTHORITY

VOLUNTEER APPLICATION

Vision Statement

Clean water healthy land for healthy communities.

Mission Statement

To enhance and conserve across the Ganaraska Region Watershed by serving, educating, informing and engaging.





**Ganaraska Region Conservation Authority
Volunteer/Project Affiliate Waiver of Liability
& Indemnity and Confidentiality Form**

I UNDERSTAND, as a volunteer or a project affiliate for Ganaraska Region Conservation Authority (GRCA), it is the responsibility of me to:

1. **ENSURE I UNDERSTAND** and follow the safety and volunteer task procedures as outlined in a safety and task training session prior to any work beginning, or supply proof of similar qualified training.
2. **ENSURE** that if I am under the age of majority I have written parental consent to participate in any event; and **ENSURE** that parents understand that youths over 14 years may attend volunteer events without a parent and youths 13 and under must be accompanied by a parent/legal guardian.
3. **ENSURE I ALSO CONSENT** to photographs, electronic and/or video images to recognize my participation in and promote the GRCA in any broadcast, telecast and/or written account of any related event at which I am a volunteer or project affiliate. **IF YOU DO NOT CONSENT** to photographs, electronic and/or video images please identify such to GRCA.
4. **ENSURE I FORWARD** proof of coverage to GRCA, prior to beginning any event or activity, if I am being covered by another organization for insurance liability and/or WSIB coverage.
5. **ENSURE I UNDERSTAND** that the GRCA is committed to protecting the privacy of personal information in its possession and that this information will be kept strictly for the use of the GRCA. I agree to respect the confidentiality of all information I may have access to at the GRCA.

As a volunteer or project affiliate for GRCA, you will be covered by GRCA's commercial general liability insurance subject to the policy coverage, exclusions, and conditions for the date(s) of the volunteer event. Such coverage will only apply while you are performing authorized duties. GRCA is not responsible for bodily injury incurred or damage to or loss of personal property incurred while implementing the volunteer event.

As a volunteer or project affiliate for GRCA, **I HEREBY AGREE TO WAIVE, RELEASE AND INDEMNIFY, AND KEEP INDEMNIFIED, THE GRCA**, its servants or agents may bear, sustain, be at, put unto for, by reason of, on account of, any injury or death of persons and/or damage to property, in respect of the participation of the volunteer with the GRCA prior to, during or subsequent to involvement with the GRCA.

ACKNOWLEDGEMENT- PLEASE READ CAREFULLY!

By submitting and signing this **RELEASE, WAIVER OF LIABILITY & INDEMNITY AND CONFIDENTIALITY AGREEMENT** to the **GRCA**, I **ACKNOWLEDGE** that I have carefully read, fully understand, and agree to abide by the terms.

Initial:

Name (Print)

Signature

Date

Parent/Legal Guardian Acknowledgement & Consent (if under 18 years old):

I, _____, am the parent/legal guardian of _____. I have carefully read, fully understand, and agree to the above terms outlined in this document, and I give my permission for him/her to participate with the GRCA.

Signature of Parent/Legal Guardian

Date

Name of Volunteer/Project Event:	Date(s) of Volunteer/Project Event:
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Please fill in Emergency Contact Information on the reverse side!



Ganaraska Region Conservation Authority
Volunteer/Project Affiliate
Emergency Contact Form

Name (Print):	
FULL Mailing Address:	
Phone Number:	Cell Number:
Health Card Number:	
Do you have any medical conditions that we should know about, including allergic reaction to bees or wasps, asthma or other? Please describe:	
Please indicate someone we can contact in case of an emergency:	
Name (Print):	
Relationship:	Phone Number:

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