



BCMOS
British Columbia
Mobility Opportunities Society

2010 Volunteer Registration



The British Columbia Mobility Opportunities Society (BCMOS) recruits volunteers to assist people with disabilities in their pursuit of recreation activities. Depending on your interests or skills, you may assist in a number of different areas including: equipment maintenance, transfer of participants in and out of the gliders.

Personal Information

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Phone: (home): _____ (cell): _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Current Occupation: _____

Volunteer or Work Experience

1. _____ Contact: _____

2. _____ Contact: _____

3. _____ Contact: _____

Why are you interested in Volunteering for the British Columbia Mobility Opportunity Society?

Experience

Do you have experience working with people with disabilities? Explain. _____

First Aid Training: _____ If yes, level _____ Yes No

Please provide a photocopy of your certificate(s) for our files (we may copy for you if required).

Certification provided: Yes No

When are you able to volunteer with BCMOS?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In previous years, the Easy Gliders program has run on Tuesdays. However, BCMOS requires volunteers to “Sherpa” clients in the TrailRider throughout the summer hiking season – please indicate if you are willing to volunteer for this also:

Yes No

Where did you hear about BCMOS? Please check one.

- | | | |
|---|--|--|
| <input type="checkbox"/> Family/ friend | <input type="checkbox"/> Outdoor Show | <input type="checkbox"/> Volunteer Vancouver |
| <input type="checkbox"/> Media | <input type="checkbox"/> Promotional Booth | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Health Professional | <input type="checkbox"/> Brochure/Literature | |
| <input type="checkbox"/> Recreation Centre | | |
| <input type="checkbox"/> Other (describe) _____ | | |



References

Please provide us with the following information for 3 references (no family relations please):

Name	Contact Information	Relationship	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you willing to undergo a police records check?

Yes No

Do you authorize the British Columbia Mobility Opportunities Society, to collect personal information appropriate to the position you are applying for concerning your volunteer, work related and certification (if applicable) background, and to verify the character references that you supplied- with the understanding that the information obtained will be kept confidential, except as otherwise required by law?

Yes No

Consent for use of name or image in electronic or print reproductions:

In consideration of the Society accepting this application, I, _____
the parent/guardian of _____
name and/or image stored and reproduced by the Society for Society promotional and informational purposes. Reproduction consent includes release for use in Newsprint and Newsmagazine articles, newsletters, and submissions to third parties.

I understand that this application does not imply acceptance to be a volunteer with the British Columbia Mobility Opportunities Society. Selected applicants will successfully complete an interview, reference checks, and participate in appropriate orientation and training. Signing below indicates understanding of this process, and declaration that the information provided on the form is true to my best knowledge.

Applicant's signature

Date



BCMOS
British Columbia
Mobility Opportunities Society

Waiver

Please forward this application to:

Eric Molendyk
Disability Foundation
207 - 3077 Granville Street
Vancouver, BC V6H 3J9

604-688-6464 ext. 117
eric@disabilityfoundation.org

Please read and sign the following waiver of liability. By signing below, you will waive certain rights including the right to sue. Please read carefully.

Disclaimer Clause:

The British Columbia Mobility Opportunity Society herein after referred to as the "Society" are not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever including without limitation the negligence of the Society and their respective servants, agents, or employees.

Agreement:

In consideration of the Society accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns release the Societies, it's respective servants, agents, or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attendant at or participating in any activity of the Society notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Society, its respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of the Society. I confirm that I have read and understood this waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the above Disclaimer Clause by my signature below (parent or guardians please sign below for minors).

Indemnification:

In consideration of the Society accepting this application, I, _____
parent/guardian of _____ (applicant), agree to indemnify the Society, it's respective servants, agents or employees from any claims or demands that might be made against the Society arising out of or in consequence of any event or activity sanctioned by the Society. If under the age of 18, indemnification must be signed by a parent or guardian.

Signature

Date

Parent/guardian

Date

Witness

Date

By signing this form, I am also agreeing to the BCMOS Volunteer Code of Conduct (please check box)