



# 2022 YOUTH (Under 17) VOLUNTEER REGISTRATION FORM

Name		
Address		
City		Date of birth:
Postal Code		E-mail:
Home Phone		Work Phone:

- I consent to sharing my contact information with my gardening team.  
*Providing your email address here also provides your consent to receive email correspondence from us.*

## New Registration

*No gardening experience necessary. The gardening season runs from May to October. Teams garden in the **mornings** or in the **evenings**.*

I am available \_\_\_\_\_ (day/s) between \_\_\_\_\_ (time).

How did you hear about the North Bay Heritage Gardeners? \_\_\_\_\_.

I would like to learn about the following gardening topics: \_\_\_\_\_.

## Re-Registration

I am on \_\_\_\_\_ gardening team & my team leader is \_\_\_\_\_.

I would like to learn about the following gardening topics: \_\_\_\_\_.

## Beyond Gardening:

I would like to help with the following:

- Education Sessions
- Office work (some can be done from home)
- Waterfront Garden Tour Guide
- Helping in other gardens when requested
- I am registering as a non-active member; keep me on the contact list.

*I hereby covenant and agree to waive and release Heritage North Bay and its constituent groups and members, the corporation of the City of North Bay, its officers, servants, agents, employees and volunteers with respect to any claim or demand arising out of any damage or injury which is caused by or arises from participation of the applicant hereon during any program or in any facility or at any location where a program is being obtained for the purpose of registration. I grant the North Bay Heritage Gardeners, its representative and employees to take photographs and videos of me and agree such mediums may be included in publicity, illustration, advertising and web content. The Applicant hereby consents to public access being provided to this information. I agree to abide by all safety guidelines & risk management procedures as outlined in the volunteer orientation package and volunteer handbook.*

**I am committed to be a Heritage Gardener volunteer and will report my volunteer hours annually.**

Student/Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Return form by mail or drop-off to the Heritage Gardeners, 100 Ferguson St., North Bay, ON, P1B 1W8 or by email at [heritage.gardeners@heritagenorthbay.com](mailto:heritage.gardeners@heritagenorthbay.com)**

For Office Use only:					
<input type="checkbox"/> Orientation Pkg	<input type="checkbox"/> Handbook	<input type="checkbox"/> Database Entry	<input type="checkbox"/> Contact	<input type="checkbox"/> Cobbler Apron	
<input type="checkbox"/> Membership	<input type="checkbox"/> Hours form	<input type="checkbox"/> Name tag	<input type="checkbox"/> Newsletter	<input type="checkbox"/> E-mail	