



1200 Cartier Avenue, Coquitlam BC, V3K 2C3  
(P) 604.933.6166 (F) 604.933.6168  
www.placemaillardville.ca

## Adult Volunteer Registration and Waiver

Register by phone at 604-933-6166 or in person at Place Maillardville, 1200 Cartier Avenue, Coquitlam.  
For more information, visit our web site at www.placemaillardville.ca

Program Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth    /   /    Age:      Male  Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ BC Health No.: \_\_\_\_\_

### HEALTH AND MEDICAL INFORMATION

Please indicate if you experiences or have experienced any of the following:

CONDITION	Y	N	DETAILS
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Limitations	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
.. Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	EPI Pen .. Yes <input type="checkbox"/> .. No <input type="checkbox"/> _____
.. Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	EPI Pen .. Yes <input type="checkbox"/> .. No <input type="checkbox"/> _____
.. Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
.. Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
.. Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
.. Latex	<input type="checkbox"/>	<input type="checkbox"/>	_____
Major Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autism	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavior Issues	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tourettes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you attending school or a training institution?  
If so, where? \_\_\_\_\_

Do you speak any other language(s) beside English?  
\_\_\_\_\_

Do you have any areas of expertise, special skills, hobbies, etc? \_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK OFF WHICH OF THE FOLLOWING YOU HAVE:

FIRST AID  SERVE-IT-RIGHT  FOOD SAFE

Availability (Times, Dates, Days, Etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to follow all reasonable instructions and directions of the program instructor(s) in connection with the operation of Place Maillardville.

I release, remise and forever discharge Place Maillardville staff, program instructor(s) and partners of Place Maillardville of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Place Maillardville program or event.

In the event that I am injured and unable to respond and in need of medical attention, I authorize Place Maillardville staff, program instructor(s) and volunteers to seek medical attention on my behalf.

I authorize Place Maillardville to use any photographs taken of myself while participating in Place Maillardville programs, services and events for Place Maillardville brochures and promotional materials.

\_\_\_\_\_  
Signature Date \_\_\_\_\_