



ride don't hide



Canadian Mental Health Association
Niagara
Mental health for all

3rd Annual Ride Don't Hide Niagara

Volunteer Application Form

Event: Ride Don't Hide Niagara
Date: Sunday June 25th 2017
Time: Varies dependant on position
Location: Brock University

Ride Don't Hide brings together hundreds of cyclists of all levels to enjoy a ride throughout Canada and raise money to support mental health services in our community.

Thank you for your interest in volunteering for this fantastic and fun event!

Volunteers will be provided with a t-shirt and food on the event day.

Please return your completed application to **Madhav Khurana, Volunteer Coordinator** at:

Email: mkhurana@cmhaniagara.ca **Fax:** 905-688-2977 **Telephone:** 905-641-5222

Visit our website www.cmhaniagara.ca for more information.

Personal Information

Name:

Address:

Email:

Phone:

Preferred Method of Contact: Phone Text Email

Emergency Contact Information (name/relationship/phone):

Position Applying For (please check all that apply)

T-shirt size (unisex)

see job descriptions for more information.

Route Marshal

Registration

On-Site Assistance

Set Up & Tear Down Crew

Set Up Only
Tear Down Only

Pre-Event Day Prep

I would like this opportunity to count toward my 40 hour volunteer requirement for high school.

I am interested in longer term volunteer opportunities with CMHA Niagara (must be over 18).
How did you hear about this opportunity?

Experience and Skills

Please tell us about experience and skills related to the volunteer position:

Volunteer Agreement

I understand that I will be required to attend a training session prior to event day in order to participate for Ride Don't Hide.

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability
2. To adhere to agency rules and procedures, including confidentiality of agency, participants, volunteers and persons associated to the organization information.
3. To meet time and duty commitment or to provide adequate notice so that alternative arrangements can be made.
4. To act at all times as a team member responsible for accomplishing the mission of the agency
5. To act in a professional manner while volunteering for Ride Don't Hide

Signature:

Date:

PHOTOGRAPHY RELEASE:

I hereby consent to and authorize the use and reproduction by CMHA Niagara of any and all photography and/or videography that has been taken of me during Ride Don't Hide for any purpose, without compensation to me. All digital image and/or video files are wholly owned by the CMHA Niagara, who reserves the right to use these images and/or video for publication for radio, TV, print or social/online media campaigns.

Signature:

Date:

Please read carefully before signing:

I verify that the information provided in this application is accurate and true.

I understand if I am accepted as a volunteer, I will respect the confidentiality and privacy of information about clients, staff, volunteers and donors in compliance with the relevant privacy legislation.

Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I hereby release CMHA Niagara and all employees or volunteers from any cause of action or claims for damages whether bodily damage, property damage, emotional trauma or anxiety arising from my association with CMHA Niagara.

Signature:

Date: