



5th Annual Ride Don't Hide - Niagara

Volunteer Application Form

Event: Ride Don't Hide - Niagara
Date: Sunday, June 23, 2019
Time: Varies dependant on position
Location: Brock University

Ride Don't Hide is CMHA's signature event, raising funds for programs and services that support people living with mental illnesses. This community bike ride raises essential funds and awareness for mental health and is designed for participants of all ages.

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

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

Please return your completed application to **Margaret Rankin, Administrative Coordinator** at:

Email: mrankin@cmhaniagara.ca **Fax:** 905-688-8314 **Telephone:** 905-641-5222 ext. 2636

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

Personal Information

Name:

Address:

Email:

Phone:

Preferred Method of Contact: Phone Email

Emergency Contact Information (name/relationship/phone):

Position Applying For (please check all that apply)

T-shirt size (unisex)

Please indicate the roles you would be able to assist with.

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.

How did you hear about this opportunity?

Experience and Skills

Please tell us about your experience and skills related to the volunteer position(s) you're interested in:

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 CMHA Niagara's 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: