



Branches of Native Development

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Hamilton, Ontario
L8H 4R3

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volunteers@branchesofnatedevelopment.com



VOLUNTEER FORM

Please fill out all areas as much as possible

If applying for a specific position please list here:	
Name: _____	Event Date (s): _____
Date of Birth: _____	Age: _____
Address: _____	
Contact Number: _____	Hours Available: _____
Name of Emergency Contact: _____	Emergency Contact Number: _____

Types of Volunteer Services that Interest you, you may select more than one.

<input type="checkbox"/> Setup <input type="checkbox"/> Tear Down or <input type="checkbox"/> Both	<input type="checkbox"/> Information	<input type="checkbox"/> Drum Helpers
<input type="checkbox"/> Sound Assistant	<input type="checkbox"/> Clean Up	<input type="checkbox"/> Refreshments
<input type="checkbox"/> Food Servers	<input type="checkbox"/> Elders Tent	<input type="checkbox"/> Signage/ posting
<input type="checkbox"/> Runners	<input type="checkbox"/> Band Shell	<input type="checkbox"/> Crew Manager
<input type="checkbox"/> Fire keeper assistant	<input type="checkbox"/> Coordinator Assistant	<input type="checkbox"/> Driver
<input type="checkbox"/> Other Specify _____	Relevant Skills: _____	

Statement of Agreement

Please read each statement carefully, check the box once you have read it and then sign below.

- I agree not to consume; use, possess, or be under the influence of any drug or alcohol products while volunteering for Branches of Native Development (B.O.N.D)
- I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the Branches of Native Development (B.O.N.D) will result in dismissal of volunteer work.
- I understand that my volunteer work with Branches of Native Development (B.O.N.D) may be terminated at any time without cause, and any notes or forms for community service may not be supplied.
- I understand that Branches of Native Development (B.O.N.D) is not responsible for my actions or the result of my actions and I will respect others during my volunteer work.

Print Full Name: _____ Date: _____

Signature: _____ Coordinator Signature: _____