



Date of Registration: _____
Authorizing Program Coordinator: _____

GENERAL VOLUNTEER REGISTRATION FORM
PROGRAM THAT I AM REGISTERING FOR:

- ISP (General) ISP (Interpreter) PA Imm. Youth
 Imm. Seniors LINC RA

NAME: _____ Mr. ___ Mrs. ___ Miss ___

ADDRESS: _____

POSTAL CODE: _____ E-mail: _____

PHONE NUMBER: *home* _____ *cell* _____ *work* _____ *call at work?* ___

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

HOW DID YOU HEAR ABOUT C.A.R.E.? _____

MODE OF TRANSPORTATION: _____

PRESENT OCCUPATION: _____

OTHER VOLUNTEER EXPERIENCE: _____

EDUCATION LEVEL: _____

HOBBIES/SKILLS: _____

Please See Over



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Authorizing Program Coordinator: _____

OATH OF CONFIDENTIALITY

I _____
(print name)
solemnly swear (or affirm) that I will never, without due authority, disclose any matter or information pertaining to C.A.R.E. clients who I work with while I am a **Volunteer** with the Central Alberta Refugee Effort (C.A.R.E.) Committee.

Signature: _____

Witness: _____

Date: _____

WAIVER FOR C.A.R.E.

(Central Alberta Refugee Effort Committee)

All volunteers and clients involved with C.A.R.E. understand that they waive all rights of action that may arise from loss or injury to themselves or their children. C.A.R.E. thereby waives all responsibility for loss or injury. By agreeing to participate in an activity after signing this WAIVER, I agree to assume those risks.

Signature: _____

Witness: _____

Date: _____