



# Volunteer Registration

*Please return this form to:*

Eric Molendyk  
DIGA  
Suite 318 – 425 Carrall Street  
Vancouver, BC V6B 6E3  
[eric@disabilityfoundation.org](mailto:eric@disabilityfoundation.org)  
Fax: 604-688-6463

**The Disabled Independent Gardeners Association recruits volunteers to assist people with disabilities in their pursuit of recreational gardening activities. Depending on your interests or skills, you may assist with: home & community gardening, accompanying participants on day workshops, transfer of participants and special events.**

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Please provide us with the following information for three references (no family relations please):

Name	Contact Information	Relationship	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you willing to undergo a police records check?  Yes  No

Do you authorize the Disabled Independent Gardeners Association, to collect personal information appropriate to the position you are applying for - with the understanding that the information obtained will be kept confidential, except as otherwise required by law?  Yes  No



## **Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity**

*By signing this document, you will waive certain legal rights including the right to sue. Please read carefully.*

### **Assumption of Risks:**

I am aware that gardening, including receiving instruction, assistance and or lectures/lessons, involves many inherent risks, dangers and hazards, including, but not limited to, impacts with debris and other objects or equipment used in connection with the program and the instruction thereof, the failure to follow safety procedures or perform within one's own ability or within designated areas, negligence of other participants and negligence on the part of DISABLED INDEPENDENT GARDENERS ASSOCIATION, its members, directors, officers, volunteers, agents, representatives, employees, and assigns. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

### **Release of Liability, Waiver of Claims, and Indemnity:**

In consideration of MY APPLICATION to participate in DISABLED INDEPENDENT GARDENERS ASSOCIATION activities and permitting me to use its equipment and other facilities including but not limited to receiving horticultural instruction, assistance and/ or lessons I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS: that I have or may have in the future against DISABLED INDEPENDENT GARDENERS ASSOCIATION, its members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively the "Releases");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my use or my presence due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT\_R.S.B.C., 1979, C 303, AS AMENDED, ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any liability for any damage to property of, or personal injury to, any third party.

By entering this agreement, I am not relying upon any oral or written representations or statements made by the releases other than what is set forth in this agreement.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releases.

**\*\*Note:** A parent, guardian, and/ or trustee, committee must also read this form and sign below if the participant is under 19 years of age and/ or the participant has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

**Date** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Signature of Parent/ Guardian** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
(If participant is under 19 years of age)

**Witness** \_\_\_\_\_ **Print Name** \_\_\_\_\_

### **Forward this application to:**

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More info: 604-688-6464 ext. 117 or digabc.org