



Volunteer Application Form

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Type of volunteer position applying for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with youth? Yes / No

Please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for wanting to volunteer with Elevation Outdoors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's license? Yes / No  
Class of license: \_\_\_\_\_

Can you provide a background/police check? Yes No

Please list 2 references:

- 1.
- 2.



Volunteer Applicant,

We require all volunteers to submit a Criminal Record Check. Our organization has a unique access code that must be used by all volunteers when submitting an online Criminal Record Check request. Please see below for the online link and access code.

**Online Link:** <https://justice.gov.bc.ca/eCRC/>

**Access Code:** WK4A5HRDH5

Please keep this information in a safe place for your reference. The results of the criminal record check will be sent to us via e-mail.

Thank you,  
Elevation Outdoors

Elevation Outdoors Experiential Programs Association  
P.O. Box 20071 Towne Centre  
Kelowna, BC  
V1Y 9H2



1. I acknowledge and confirm that as a volunteer at Elevation Outdoor Experiential Programs Association (Elevation) I may acquire information on the organization, its clients, participants, staff, and volunteers, and about certain matters and things which are of a confidential nature and that such information is the exclusive property of the organization and will remain in the strictest confidence.
2. I affirm that the information referred to above could be used to the detriment of the organization and volunteer activities and thereby undertake to treat as confidential all information, data, documents, manuals, contact information, contracts, or resources and all information treated as proprietary by Elevation. I agree not to disclose the same to any third party either during the term I am volunteering for Elevation or at any time thereafter unless required by law.
3. I agree that any knowledge gained as a result of my position with Elevation will remain in strictest confidence. I will not make use of the confidential information or disclose any confidential information except to the extent required to carry out my duties as a volunteer of Elevation.
4. I agree to exercise due care to protect the confidential information from inadvertent dissemination, including taking all appropriate measures to protect data sent by electronic transmission, and to ensure that any information I may give to others in the course of my duties as a volunteer or otherwise is information that is required to be given and is given to a party entitled to receive such information.
5. I agree that I will not discuss the details of my volunteer work with any representatives of the media or publicize any of the confidential aspects of my work orally or by written work or any other medium of communication, without the prior written consent of Elevation.
6. I acknowledge that my failure to comply with the confidentiality policies of the organization may result in disciplinary actions including possible dismissal.

I \_\_\_\_\_ confirm that I have read the above statements and agree with them; I will therefore adhere to all confidentiality requirements contained in this agreement or as may be otherwise authorized by a current executive member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name(witness)

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P.O. Box 20071 Towne Centre  
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**Elevation Outdoors Image/Media Release Form**

I hereby give my permission to Elevation Outdoors to use my image/photograph and/or video capture or likeness of me.

I understand that the above-mentioned images may appear in various formats/publications associated with Elevation Outdoors and will be released into public domain, which may include other outside media, to promote Elevation Outdoors and its programs as well as fundraising efforts.

I understand that the above mentioned images may appear on the Elevation Outdoors website or social media channels and will therefore be released into public domain.

\_\_\_\_\_  
(please print name here)  
Volunteer

\_\_\_\_\_  
(Sign here)

\_\_\_\_\_  
(please print name here)  
Witness

\_\_\_\_\_  
(Sign here)

Dated at Kelowna, BC

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day) (mo) (yr)



Volunteer Medical Form

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

BC Med Care card # \_\_\_\_\_

Date of birth (year, month, day): \_\_\_\_\_

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

Phone # (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ ph # \_\_\_\_\_

**Medical History**

(please circle yes 'Y' or no 'N' to the following questions)

1. Have you ever suffered any form of **Asthma**? **Y N**  
If yes, do you take any medication for it? What type?

\_\_\_\_\_

2. Do you suffer from any form of **Allergy**? **Y N**  
If yes, what are they allergic to and what, if any, medication is taken?

\_\_\_\_\_

3. Do you have any of the following conditions?  
Phobias **Y N** Diabetes **Y N**  
Epilepsy **Y N** Bleeding disorder **Y N**  
Heart condition **Y N** Migraines/headaches **Y N**  
Seeing disorders **Y N** Hearing disorders **Y N**  
Ankle/knee/joint problems? **Y N**

Please provide details of questions for which 'yes' was answered: \_\_\_\_\_

\_\_\_\_\_

**Please turn over page**

4. Date of last Tetanus injection? \_\_\_\_\_

(if not within last 10 yrs, participant may receive a tetanus injection by a medical officer if they receive a tetanus prone wound)

5. Are you on any ongoing medications?

Please provide details of medications, dosage and frequency taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. In the case of accident or illness, I authorize the caregiver to administer first aid and/or be taken to the nearest emergency centre. I consent to receive medical treatment. I consent that in the event of severe illness/injury the means of transportation may be by ambulance at a cost to myself.            **Y**            **N**

\_\_\_\_\_ **Initial**

**I Declare that the information which I have provided on this form is complete and correct and that I will notify the program if any changes occur. I authorise the facilitator to consent to receive such medical or surgical treatment as may be deemed necessary.**

**SIGNED** .....

**DATE:** .....