



VIRGINIA PARK COMMUNITY CENTRE
 51 Harding Rd PO Box 21011
 St. John's, NL A1A5B2
 579-4534

2023 - 2024 Volunteer Form

Name: _____

Date of Birth: _____

Address: _____

Postal Code: _____

Phone #: _____

Email Address: _____

Which programs are you most interested in volunteering with?

Reason for Volunteering:

School _____ General Interest _____ Work Placement _____ Other _____

Medical:

Is there any Medical Treatment or any Medical Conditions / Allergies that we should be aware of?

YES _____ **NO** _____

If yes, please give details:

Emergency Contacts:

Name: _____ **Number:** _____

Name: _____ **Number:** _____

PHOTO RELEASE FORM

Throughout the year pictures may be taken of people participating/volunteering in various programs at the Community Centre. These pictures may be used in the community newspaper or on the Community Centre social media formats. In order to take pictures of any of the people participating/volunteering in Centre program, we would need written permission to do so. Below is the photo release form that we need to have signed for all participants registered in our programs.

I **give permission** for to have my picture taken while participating/volunteering in Community Centre Programs. I am aware that some of these photos may be used on the Centre's social media formats.

Signature: _____ **Date:** _____