



# Volunteer Application Form (minimum age 13 years)

Please complete ALL parts of this application package.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

Address: \_\_\_\_\_ City & Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please tell us about any health concerns, allergies, medications required, etc.:

### Please circle when you would like to Volunteer?

Most opportunities are available on weekends. Flexibility in your availability is a definite asset.

SPRING:	Saturdays	Sundays	Holidays	Easter: Good Friday / Saturday / Easter-Sunday
SUMMER:	Stampede Week	Saturdays	Sundays	Weekdays
FALL:	Saturdays	Sundays	Holidays	

Special requests or interests: \_\_\_\_\_

Other activities you participate in regularly: \_\_\_\_\_

Names and phone numbers of two character references whom we may call:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach** a short letter telling us why you would like to volunteer at Butterfield Acres. Add any related skills you have (there's probably lots!!), and what things you would like to learn.

**Please attach** a simple resume which shows any previous work/volunteer experience. Be sure to include any special awards or achievements!

## Parent/Guardian Approval and Release Form:

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City & Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_

I/We parent(s) and/or guardian(s) of the above named child, hereby give our approval and acknowledgement to his/her participation in all facets of the Volunteer Program at BUTTERFIELD ACRES FARM, and accept full responsibility and liability thereafter.

I/We do hereby acknowledge and agree that the participation of our child, above named, in this program is at our sole risk and liability; moreover, we hereby release and agree to hold harmless and indemnify BUTTERFIELD ACRES INC., its agents, servants or employees or any responsible adult, from and for any and all actions, the causes, claims, liabilities and demand whatsoever arising out of or in any way related to or connected with this program without limitation.

I/We do hereby consent to any medical attention or any other care or treatment considered necessary by the staff of BUTTERFIELD ACRES INC. or any other responsible adult.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can drop off your application OR fax it to (403) 241-5078 OR send by Snail Mail to:

254077 Rocky Ridge Road, Calgary, Alberta T3R 1A6

**Thank you! We look forward to hearing from you!**