



On-Point Volunteers Association Membership Form

(Please complete this electronically if possible)

If completing by hand, please print clearly.

All information gathered will be kept confidential and will be used only by **On-Point Volunteers Association**.

Last Name:		First Name:		Middle Initial(s):
Gender: M	F	Prefer not to say	*Date of Birth (DD/MM/YY):	
Street/Residence Address:			*You must be at least 14 years old to volunteer without a parent present.	
City:		Province:	Postal Code:	
Home Phone:		Cell Phone:	Work Phone:	
E-mail Address:				
Preferred contact method:				
Emergency contact person and phone number:				
Do you have any health concerns we should know about when you volunteer with us?				
Do you have reliable transportation to events that are outside HRM or not on a bus route? Yes No				
What type of events interest you as a volunteer?				

How did you hear about On-Point Volunteers Association(check all that apply)

OPVA Member (who)	Friend/Relative (who)	School (which one)	Another Volunteer (from where)
OPVA Booth	TV/Radio Story	Facebook/Twitter	OPVA Website

Other (Please Specify):

Please tell us why you want to become a member of On-Point Volunteers Association:

Please read and initial the volunteer waiver on the reverse prior to signing the membership form below.

Applicant's Signature

Date (DD/MM/YYYY)

Applicants under the age of majority must have a parent/guardian fill out the following:

I am aware of and support my child/dependent's decision to become a member of On-Point Volunteers Association. I will ensure they are supervised by an adult when volunteering. I will be responsible for their transportation to and from events.

Name

Relationship to Applicant

Contact Number

Signature

Important: Each volunteer must read and sign the "Release and Waiver of Liability" on the reverse side before volunteering.

I, _____, desire to become a member of On-Point Volunteers Association (OPVA) and engage in the activities related to being a volunteer for this organization.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release.

I, the Volunteer, release and forever discharge and hold harmless On-Point Volunteers Association and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with On-Point Volunteers Association.

I understand and acknowledge that this Waiver discharges On-Point Volunteers Association from any liability or claim that I, the Volunteer, may have against the organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the event site. I also understand that On-Point Volunteers Association does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

2. Insurance.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of On-Point Volunteers Association beyond what may be offered freely by the representative of On-Point Volunteers Association in the event of such injury or medical expense.

3. Medical Treatment.

I hereby release and forever discharge On-Point Volunteers Association from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time while volunteering.

4. Assumption of the Risk.

I understand that my time with On-Point Volunteers Association may include activities that may be hazardous to me, including, but not limited to, loading and unloading of equipment and materials. I hereby expressly and specifically assume the risk of injury or harm in these activities and release On-Point Volunteers Association from all liability for injury, illness, death, or property damage resulting from the activities of my time with the organization.

5. Photographic Release.

I grant and convey unto On-Point Volunteers Association all right, title, and interest in any and all photographic images and video or audio recordings made by the organization during my volunteering, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the Province of Nova Scotia, and that this Waiver shall be governed by and interpreted in accordance with the law. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer/Parent Signature: _____ Date: _____