



24959 ALOUETTE ROAD, MAPLE RIDGE, BC V4R 1R8

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www.alouetteriver.org

armseducation@telus.net

VOLUNTEER CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____ Postal Code: _____

Email: _____

Area of Interest:

- Spring Break Camp *High School Students Only
- Summer Day Camps *High School Students Only
- General Office Support
- Special Events Days
- Environmental Stewardship
- Other: _____

Previous Volunteer Experience:

Have you volunteered with ARMS in the past? Yes _____ No _____

Please list any other events/festivals/organizations have you volunteered with?

Signature

Date

Medical information:

Physical Limitations: _____

ie: Are you able to assist with lifting tables & chairs? _____

Do you have any food or other allergies that we need to know about? _____

Emergency Contact: _____ **Phone:** _____

Signature of Volunteer: _____ Date: _____

Thank you for your interest in volunteering with Alouette River Management Society!