



ride don't hide



Canadian Mental Health Association
Mental health for all

Greater Vancouver Ride Volunteer Application June 24, 2018

Ride Don't Hide brings together over a thousand cyclists of all levels to enjoy a ride through Vancouver, Burnaby, and Richmond while raising money to support mental health services in our community. Thank you for your interest in volunteering for this fantastic and fun event!

visit www.ridedonthide.com for more information about the ride

To join our volunteer team, fill in the application below, save it, and:

mail to:

Corina Voon, Volunteer Coordinator
Canadian Mental Health Association
110-2425 Quebec St.
Vancouver, BC V5T 4L6

or fax/email to:

Corina Voon, Volunteer Coordinator
Fax: 604-872-5934
Email: corina.voon@cmha.bc.ca
Phone: 604-872-4902

Date application completed:

First name:

Last name:

Address:

City:

Postal Code:

Cell phone:

Other phone:

Email:

I am 16 years of age or over (if under 16, must volunteer with parent or guardian)

How did you hear about this opportunity?

Position applying for (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Route marshal (will be placed according to volunteer convenience) | <input type="checkbox"/> On-site assistance at Swangard Stadium |
| <input type="checkbox"/> Zone leader (supports route marshal volunteers) | <input type="checkbox"/> Office assistance—pre-bike ride |
| <input type="checkbox"/> Support rider | <input type="checkbox"/> Office assistance—post-bike ride |
| <input type="checkbox"/> Sweeper (rides at back of group) | <input type="checkbox"/> Logistics coordinator—pre bike ride (will require criminal record check) |

The Canadian Mental Health Association, Vancouver-Fraser Branch, is firmly committed to maintaining confidentiality and respecting personal privacy. As a not-for-profit society, our practices regarding the protection of all personal information under our custody and control comply with the BC Personal Information Privacy Act. The information being collected on this form will be used only for the purposes of scheduling your volunteer work, for ensuring the role you are assigned to is appropriate and to communicate the results of the event with you. A copy of our Confidentiality Policy, a document that outlines information practices, including what type of information we collect and use, and to whom and when the information may be disclosed, is available from any staff member. If you would like to review your personal information we have on file, please contact our Privacy Officer, Michael Anhorn, Executive Director, 604-872-4902 ext. 230.

Please visit www.govolunteer.ca for a list of other current opportunities.

Availability June 24 (volunteer shifts will be 2–3 hours in length):

Earliest:

Latest:

One June 24, what method(s) of transportation will you have access to (volunteers are placed in roles according to where they live and their access to transportation)?

- Walking Cycling Transit Driving

Your t-shirt size (all volunteers receive a free volunteer shirt):

- S M L XL XXL

Do you have experience in any of the following areas?

- | | |
|--|--|
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> First Aid Certification (Current) |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Lifting 20 lbs or more |
| <input type="checkbox"/> Bike Repair | <input type="checkbox"/> Foodsafe |
| <input type="checkbox"/> Experienced Cyclist | |

Emergency contact

First name:

Last name:

Phone:

Email:

Relationship:

In consideration of the acceptance of my application and the permission to participate as a volunteer in Canadian Mental Health Association's Ride Don't Hide to support individuals recovering from mental illness on Sunday June 24th, 2018. I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE AND FOR-EVER DISCHARGE Canadian Mental Health Association and all its Branches, and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, directors, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, volunteer, or otherwise, whether prior to, during or subsequent to the event. AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to periodic electronic communication from the Canadian Mental Health Association regarding my volunteer activity. Personal information collected by Canadian Mental Health Association is for volunteer purposes only, and will only be shared with the specific branch of the Canadian Mental Health Association I am volunteering for. Further, I hereby grant full permission to any and all the foregoing to use any photography, video tapes, motion pictures, recordings or any other record of this event for promotional purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my volunteer participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY.

I am 19 years or older, or I am the legal parent or guardian of the participant

I accept the waiver

Volunteer's signature (or parent/guardian's signature if volunteer is under 19 years of age)

Date

- I would like more information on Canadian Mental Health Association (CMHA) volunteer opportunities
- I would like to receive CMHA monthly newsletters from the branch nearest to me
- I would like to donate to Ride Don't Hide
- I would like information on becoming a member of CMHA