

Volunteer Registration Form

Personal Information:

Last Name: _____ First Name: _____

Sex: _____ Year of Birth: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home phone: _____ Work Phone: _____ Ext: _____

Cellular phone: _____ Fax Number: _____

E-mail: _____

Emergency Contact Name: _____ Phone Number: _____

ALL VOLUNTEERS MUST SIGN THIS HOLD HARMLESS FORM

SCREENING PROCESS

The CSM complies with the provisions of the government security policy in relation to security clearances. The CSM can conduct an initial criminal records check for all volunteers over the age of 16. Fingerprint identification may also be required.

UNDERTAKING TO ACT IN A RESPONSIBLE AND SAFE MANNER

In accordance with the current Code of Conduct, I hereby undertake and agree to act in a responsible and safe manner at all times, while acting as a CSM volunteer.

INSURANCE

The CSM maintains insurance to the benefit of its volunteers while they are acting like such. This insurance coverage is for claims arising out of injuries to third parties which are cause by negligence of the volunteer and for accidental death or dismemberment of a volunteer that occurs in the course of CSM volunteer activities. I hereby release the Canadian Ski Marathon (CSM), the sponsors and the organizers of this event, from all liability for injury and damages sustained to me (or my child), arising out of my (his/her) participation in the event

PERMISSION TO USE PICTURES / FILM FOOTAGE

I hereby grant the CSM and persons acting on its behalf the unrestricted and perpetual right and permission, in respect of pictures or film footage that it, through its photographers and/or contractors, has taken of me or in which I may be included with others, to use, to publish, to broadcast and to authorize a third party to use, publish or broadcast the same in whole or in part, in any and media how or hereafter know, for the purpose of promoting volunteering, the CSM and its partners.

If you are under 18 years of age at the time of completing this form, you must have your parent or legal guardian sign for you.

Signature: _____ Date: _____

The volunteer should, at all times, have his (her) health insurance card with him (her).

Event Information

Your Job Title: _____

Department: Operations -Checkpoints _____ Safety _____ Awards _____ Trails _____ Administration _____
-Waxing services _____ -Accommodation _____

Group Name: _____ Group Coordinator: _____

Group Address: _____ Group Phone Number: _____

What years have you volunteered for the CSM (include all years)? _____

CSM Contact Information

Mailing / Office address: 266 Viger, Papineauville QC, J0V 1R0

Phone: (819) 483-0456

Toll free: 1-877-770-6556

E-mail: ski@skimarathon.ca

Website: www.skimarathon.ca