



SHIAMAK'S VICTORY ARTS FOUNDATION VOLUNTEER PARTICIPATION FORM

Thank you for your willingness to volunteer with SHIAMAK's Victory Arts Foundation Canada. The Volunteer Participation Form outlines the activities intended to result in either/and/or enabling the provision of dance as therapy classes to individuals with special needs, participating at Dance for Good events and supporting all local & community projects and events related to Victory Arts Foundation, Canada. The Volunteer Participation Plan requires specific timelines for activities and will be reviewed regularly to review volunteer participation and progress. Please advise us immediately if at any time you are unable to follow through with any of the volunteer activities, so that another person may be able to participate in your place.

'Volunteers do not necessarily have the time, they just have the heart to make the time!'

We are grateful for the efforts of each of our volunteers.

1. PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____

HOME TELEPHONE _____ CELL NUMBER _____

EMAIL _____

**Do you have a preference to be contacted by email or phone?*

EMERGENCY CONTACT

NAME _____

TELEPHONE NUMBER _____

RELATIONSHIP TO APPLICANT _____

2. TERM OF VOLUNTARY PARTICIPATION

START DATE: (Year/Month/Day) _____

END DATE: (Year/Month/Day) _____

REVIEW DATE: (Year/Month/Day): (To be filled ONLY by Contracting Supervisor/Team Leader) _____

VOLUNTEER PARTICIPATION REVIEW: (To be filled ONLY by Contracting Supervisor/Team Leader)

3. I, _____ choose to volunteer with SHIAMAK's Victory Arts Foundation, because

I would be willing to commit to:

_____ hours/week _____ hours/month On call for special events

4. ACTIVITIES: Please circle/check the areas of volunteer activities **that interest you:** (Please circle/check)

- Teach or assist in Dance as Therapy classes
- On-site representative at Dance for Good Events
- Performer
- On-site volunteer
- Administrative Assistant
- Build Community Network & Connections
- Support Fundraising activities
- Social Media
- Photography/Video

5. CERTIFICATION: I have completed and/or hold a valid certification or training in: (Please circle/check)

- Standard First Aid
- CPR
- AED
- Baby- sitting course
- Child Care
- Support worker
- Criminal Record Check (all volunteers with Victory Arts Foundation will be required to complete a Criminal Record Check)
- Other (Please specify) _____

6. PHOTO RELEASE & CONSENT:

I consent to the release of my photo/video on social media/website or marketing channels representing Victory Arts Foundation at community events and/or dance as therapy classes.

I agree to participate and appropriately conduct myself in the activities specified in this form to the best of my abilities and understand that Victory Arts Foundation, Canada may set conditions regarding my use of, and access to, programs and services. I understand and consent to SHIAMAK's Victory Arts Foundation disclosing my Voluntary Participation Plan to partnering organisations. Further, I consent to Victory Arts Foundation, Canada having the sole discretion to discontinue my voluntary participation based on the evaluations of my participation, progress and outcome at any given time.

Signature of applicant: _____

Full Name of applicant: _____

Date of Signature : _____

