

## STUDENT HERITAGE GARDENERS' PROGRAM REGISTRATION- 2012

Name:			
Address:			
City:			
Postal code:		e-mail:	
Home Phone:		Work Phone(if ok to contact at work):	

From time to time we get interesting e-mails regarding gardening, environmental and local upcoming events information. Do you wish to receive such information?  Yes  No  
 Gardening only\_\_\_ local only\_\_\_ environmental only\_\_\_  
 You may call/e-mail to change this at anytime. (information will only be sent by e-mail)

### New Registration:

I am a new Heritage Gardener registering this year. (No experience necessary) I am available (check all that apply) at these times:

April	<input type="checkbox"/>	August	<input type="checkbox"/>	Mornings	<input type="checkbox"/>
May	<input type="checkbox"/>	September	<input type="checkbox"/>	Evenings	<input type="checkbox"/>
June	<input type="checkbox"/>	October	<input type="checkbox"/>		
July	<input type="checkbox"/>				

### Re-Registration:

I am on \_\_\_\_\_ Gardening Team & my Team Leader is \_\_\_\_\_.

**I consent to the sharing of my contact information with my gardening team:**  Yes  No

Do you need a new Heritage Gardener t-shirt?  Yes  No  
 What is your T-shirt Size (S,M,L,XL ): \_\_\_\_\_ (please provide for future ordering of T-shirts even if you don't require one this year)

### **Would you like to help with (ask Coordinator if you need more info) :**

- Fundraising?  Yes
- Office work/Telephone work (can be done from home)?  Yes
- With education nights? ( room set-up, refreshments, etc)  Yes
- Being a waterfront garden tour guide?  Yes
- Helping in other gardens when requested?  Yes

**I will commit to volunteering with the Heritage Gardeners on regular basis and will turn in my volunteer hours annually.** (volunteers track their own hours on the [hours tracking form](#) which is mailed out with along with a membership card once this form is processed . It is very important that hours are turned in annually as the total number is used for funding applications)

*I hereby covenant and agree to waive and release Heritage North Bay and its constituent groups and members, the corporation of the City of North Bay, its officers, servants, agents, employees and volunteers with respect to any claim or demand arising out of any damage or injury which is caused by or arises from participation of the applicant hereon during any program or in any facility or at any location where a program is being obtained for the purpose of registration. The Applicant hereby consents to public access being provided to this information. I agree to abide by all safety guidelines & risk management procedures as outlined in the volunteer orientation package and volunteer handbook.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use only:				
<input type="checkbox"/> Orientation Pkg	<input type="checkbox"/> Handbook	<input type="checkbox"/> Database Entry	<input type="checkbox"/> T-Shirt	<input type="checkbox"/> Contact
<input type="checkbox"/> Membership card	<input type="checkbox"/> Hours form	<input type="checkbox"/> Name tag	Where did you find out about the Heritage Gardeners?	