

## Community Participant Volunteer

**Name:** \_\_\_\_\_ **Date of Birth:** DD / MM / YYYY

**Address:** \_\_\_\_\_

**City, Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Do you have any health concerns we should know about? If so, please explain.**

**Emergency Contact Person:** \_\_\_\_\_ **Number:** \_\_\_\_\_

I understand that the above information is held strictly confidential and is only accessible by Hastings Sunrise Community Policing Centre staff members. The information provided will only be used in case of an emergency involving a Community Participant Volunteer.

**I have read and agree to the “Important Litter Clean-up information” provided with this form.**

**I have read and agree to the “Hastings Sunrise Policing Centre Community Clean-up Covid-19 Protocol provided with this form. I UNDERSTAND POTENTIAL RISKS OF PARTICIPATING AS A VOLUNTEER DURING THE COVID-19 PANDEMIC.**

\_\_\_\_\_  
**Signature of Participant** **Date**

Parental/Guardian consent for those under the age of 18:

\_\_\_\_\_  
**Signature of Guardian** **Date**

\_\_\_\_\_  
**Name (Please Print)**

### Working together for a safe community

The Hastings Sunrise Community Policing Centre works in partnership with the Vancouver Police Department

