



Volunteer Registration Form

3500 Queen Street

As a volunteer at YARA-Grow Regina Community Garden, you have unlimited opportunities to share your talents, explore new areas and connect with people of all ages. To help facilitate a rewarding volunteer experience, please complete this form. Specialized training may be offered to prepare you for your volunteer role. In other cases, experience may be necessary.

Personal Details

Organization			
First Name *			
Last Name *			
Address *			
City/Town *			
Postal Code *			
Home Phone *			
Work Phone		Ext.	
Cell Phone			
Email			

Contact Permission

*required field

Please check to indicate that you have read and agree to the following:

By submitting this form, I am giving Grow Regina permission to contact me at those numbers and/or address I have entered above. I understand that Grow Regina will only contact me for reasons pertaining to garden operations and that my information will not be shared with any third party for any reason.

Volunteer Application

Are you a current Grow Regina member? Yes No

Note: You do not have to be a Grow Regina member to volunteer.

Availability

Weekday: M T W T F Weekday Hours (9am to 5pm): _____

Weekend Saturday Sunday Weekend Hours: _____

Regular (every Week) _____

Casual (as needed)

Short Term: from _____ to _____

Do you have any specific day you can work? If so which ones? _____

Do you have a Driving License? Yes No

Do you have your own transport? Yes No

If yes, what type of vehicle: _____



Volunteer Registration Form

3500 Queen Street

Skills & Experience

Do you have any knowledge or skills in the following areas that you may be able to offer us?

- | | | |
|---|---|---|
| <input type="checkbox"/> Master Gardener | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> First Aid Certificate | <input type="checkbox"/> Building/Carpentry | <input type="checkbox"/> Events Management |
| <input type="checkbox"/> Agricultural machinery | <input type="checkbox"/> Photography | <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Language |

Do you have specialist knowledge of:

- | | | |
|--|--|--|
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Garden Vegetables | <input type="checkbox"/> Herbs |
| <input type="checkbox"/> Fruit Trees | <input type="checkbox"/> Composting/Mulching | <input type="checkbox"/> Pest & Weed Control |
| <input type="checkbox"/> Heritage Vegetables | <input type="checkbox"/> Seed Collecting | <input type="checkbox"/> Planting Techniques |

Please tell us about any other skills, experiences, qualifications or training that you have gained which you feel may be relevant: _____

What specific roles are you interested in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Committee Planning | <input type="checkbox"/> Food Bank/PARGAR | <input type="checkbox"/> Building/Maintenance |
| <input type="checkbox"/> Group/Event Organization | <input type="checkbox"/> Seed Collecting/Packaging | <input type="checkbox"/> DIY/Maintenance |
| <input type="checkbox"/> Donations/Door Prizes | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Orchard Gardening |
| <input type="checkbox"/> Leader/Helper | <input type="checkbox"/> Leading Work Parties | <input type="checkbox"/> Flower Gardening |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Vegetable Gardening | <input type="checkbox"/> Mentoring New Gardeners |
| <input type="checkbox"/> Writing Articles | <input type="checkbox"/> Weeding/Composting | <input type="checkbox"/> Board Activities |

In which of the above areas you have ticked would you most prefer to work? _____

Any other information:

Please use this section to provide any further information on the type of volunteer work you are looking for:

Do you have any medical conditions, allergies or disabilities that we need to be aware of?

How did you hear about volunteering with Grow Regina?

- | | |
|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Members | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Lakeview Community Association | <input type="checkbox"/> Other: _____ |

Please return this form to:

Grow Regina | 2-445 Winnipeg St | Regina | SK | S4R 8P2