



DRBIPA Volunteer Park Ambassador Enrollment Form

| Contact Information | | | | | | |
|--|--|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| First Name: | Last Name: | | | | | |
| Phone #: | Email: | | | | | |
| Birthdate (dd/mm/yyyy): | *youth 15 years of age or under wishing to volunteer with DRBIPA must provide guardian consent below | | | | | |
| Mailing Address: | | | | | | |
| Emergency Contact Name: | Emergency Contact Phone #: | | | | | |
| How did you find out about DRBIPA?: | | | | | | |
| Park Ambassador Availability | | | | | | |
| Which Park Ambassador committee(s) interest you? | | | | | | |
| <input type="checkbox"/> Community Outreach & Events | <input type="checkbox"/> Stewardship & Conservation | | | | | |
| <input type="checkbox"/> Public Education & Communications | <input type="checkbox"/> Fundraising & Development | | | | | |
| Park Ambassadors are required at special conservation and community events throughout the year. Volunteers are welcome to join more than one committee. Please review the Volunteer Handbook or reach out to the Volunteer Coordinator anytime for more information. | | | | | | |
| Which days are you typically available to volunteer? Check all that apply: | | | | | | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| Which times are you typically available to volunteer? Check all that apply: | | | | | | |
| <input type="checkbox"/> 8am-12pm | <input type="checkbox"/> 10am-2pm | <input type="checkbox"/> 12pm-4pm | <input type="checkbox"/> 2pm-6pm | <input type="checkbox"/> 4pm-8pm | | |
| Volunteer Acknowledgements | | | | | | |
| <input type="checkbox"/> I commit to prompt attendance at scheduled events and performing assigned volunteer duties | | | | | | |
| <input type="checkbox"/> I consent to receive communications from Derby Reach Brae Island Parks Association (DRBIPA) | | | | | | |
| <input type="checkbox"/> I give permission for DRBIPA to use photo/video of me volunteering for promotional purposes | | | | | | |
| <input type="checkbox"/> I have reviewed the Volunteer Handbook and agree to adhere to DRBIPA mandate, mission, and values | | | | | | |
| Volunteer Signature: _____ Date: _____ | | | | | | |
| *If required: Guardian Signature: _____ Date: _____ | | | | | | |
| *I, _____, am aware of and support my child's decision to volunteer with DRBIPA | | | | | | |