



DRBIPA Volunteer Park Ambassador Enrollment Form

Contact Information						
First Name:	Last Name:					
Phone #:	Email:					
Birthdate (dd/mm/yyyy):	*youth 17 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 (Roving Park Ambassadors)	<input type="checkbox"/> Fundraising & Development					
Community Outreach, Stewardship, and Fundraising Park Ambassadors are required at special events throughout the year and regular recurring shifts are available for Public Education Roving Park Ambassadors. Volunteers are welcome to join more than one committee. Review the Volunteer Handbook or reach out to the Volunteer Coordinator 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: _____						
Guardian Signature: _____ Date: _____						
*I, _____, am aware of and support my child's decision to volunteer with DRBIPA						