



**BCMOS**  
British Columbia  
Mobility Opportunities Society

# 2012 Kayak Volunteer

**Please forward this application to:**

Eric Molendyk  
BCMOS  
Suite 318 – 425 Carrall Street  
Vancouver, BC V6B 6E3

Fax: 604-688-6463  
[eric@disabilityfoundation.org](mailto:eric@disabilityfoundation.org)

**The British Columbia Mobility Opportunities Society (BCMOS) recruits volunteers to assist people with disabilities in their pursuit of outdoor recreation activities – in this case, kayaking.**

## Personal Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**We make all program updates via email – please indicate if you do *not* have email.**

## Volunteer or Work Experience

1. \_\_\_\_\_ Contact: \_\_\_\_\_

2. \_\_\_\_\_ Contact: \_\_\_\_\_

3. \_\_\_\_\_ Contact: \_\_\_\_\_

Why are you interested in volunteering for British Columbia Mobility Opportunity Society?

\_\_\_\_\_

\_\_\_\_\_

Please confirm your Paddle Canada Sea Kayaking qualifications:

- |  |  |
|--|--|
| <input type="checkbox"/> Level 1             | <input type="checkbox"/> Level 2             |
| <input type="checkbox"/> Level 3             | <input type="checkbox"/> Level 4             |
| <input type="checkbox"/> Instructor, Level 1 | <input type="checkbox"/> Instructor, Level 2 |
| <input type="checkbox"/> Instructor, Level 3 | <input type="checkbox"/> Instructor, Level 4 |

Do you have experience working with people with disabilities? Explain.

---

---

First Aid Training: If yes, level \_\_\_\_\_  Yes  No

Wilderness First Aid Training: If yes, level \_\_\_\_\_  Yes  No

Please provide a photocopy of your certificate(s) for our files (we may copy for you if required).

Certification provided:  Yes  No

What times are you able to volunteer with the BCMOS kayak program (during June, July & August)?

	Saturday	Sunday
Morning – 11am	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon – 2pm	<input type="checkbox"/>	<input type="checkbox"/>

Where did you hear about BCMOS?

---

Are you interested in volunteering with other BCMOS programs, such as hiking?

---



# BCMOS

British Columbia  
Mobility Opportunities Society

## References

Please provide us with three references (no family relations please):

Name	Contact Information	Relationship	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you willing to undergo a police records check?

Yes  No

Do you authorize the British Columbia Mobility Opportunities Society, to collect personal information appropriate to the position you are applying for concerning your volunteer, work related and certification (if applicable) background, and to verify the character references that you supplied- with the understanding that the information obtained will be kept confidential, except as otherwise required by law?

Yes  No

Consent for use of name or image in electronic or print reproductions:

In consideration of the Society accepting this application, I, \_\_\_\_\_, give my consent to have my name and/or image stored and reproduced by the Society for promotional and informational purposes. Reproduction consent includes release for use in Newsprint and Newsmagazine articles, newsletters, online and submissions to third parties.

I understand that this application does not imply acceptance to be a volunteer with the British Columbia Mobility Opportunities Society. Selected applicants will successfully complete an interview, reference checks, and participate in appropriate orientation and training. Signing below indicates understanding of this process, and declaration that the information provided on the form is true to my best knowledge.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**



**BCMOS**

British Columbia  
Mobility Opportunities Society

# Waiver

*Please forward this application to:*

Eric Molendyk  
BCMOS  
Suite 318 – 425 Carrall Street  
Vancouver, BC V6B 6E3

Fax: 604-688-6463  
[eric@disabilityfoundation.org](mailto:eric@disabilityfoundation.org)

**Please read and sign the following waiver of liability. By signing below, you will waive certain rights including the right to sue. Please read carefully.**

**Disclaimer Clause:**

The British Columbia Mobility Opportunity Society herein after referred to as the “Society” is not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever including without limitation the negligence of the Society and their respective servants, agents, or employees.

**Agreement:**

In consideration of the Society accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns release the Societies, its respective servants, agents, or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attendant at or participating in any activity of the Society notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Society, its respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of the Society. I confirm that I have read and understood this waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the above Disclaimer Clause by my signature below (parent or guardians please sign below for minors).

**Indemnification:**

In consideration of the Society accepting this application, I, \_\_\_\_\_ (applicant), agree to indemnify the Society, it’s respective servants, agents or employees from any claims or demands that might be made against the Society arising out of or in consequence of any event or activity sanctioned by the Society. (If under the age of 18, indemnification must be signed by a parent or guardian.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

**By signing this form, I am also agreeing to the BCMOS Volunteer Code of Conduct  (please check box)**