



Club VOLUNTEER Information Form

Name:	
Phone: Home	Phone: Work
Email:	Fax:
Address:	
Town:	
Postal Code:	
I prefer to be called at: Home <input type="checkbox"/> Work <input type="checkbox"/> Either <input type="checkbox"/>	
It is best to reach me during: Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>	
Please contact me by: Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>	
When are you interested in Volunteering?	
Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Varies <input type="checkbox"/> Am flexible <input type="checkbox"/>	
What level of involvement are you looking for?	
A few hours a month <input type="checkbox"/> A few hours a week <input type="checkbox"/> Special Events <input type="checkbox"/>	
Don't know yet <input type="checkbox"/> Varies <input type="checkbox"/>	
What are you most interested in helping with?	
Computers or Data Entry <input type="checkbox"/> Administration <input type="checkbox"/> Creative Tasks <input type="checkbox"/>	
Outdoor Work <input type="checkbox"/> Special Events <input type="checkbox"/> Volunteer Development & Training <input type="checkbox"/>	
Marketing & Public Relations <input type="checkbox"/> Financial Committee Work <input type="checkbox"/>	
Driver Training <input type="checkbox"/> Trail Patrol <input type="checkbox"/> Trail Maintenance <input type="checkbox"/> Other <input type="checkbox"/>	
If Other, provide description:	
If you are interested in Outdoor Trail Maintenance you will need to provide us with some background information on your prior use and knowledge of equipment, health & safety, first aid and WHIMIS	
Chainsaws:	
Have you operated one before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
At what experience level?	
Fully Knowledgeable <input type="checkbox"/> Somewhat Knowledgeable <input type="checkbox"/> Require Training <input type="checkbox"/>	
Do you own a chainsaw? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, would you be willing to use your own equipment for trail work if you are reimbursed for Gas and Oil? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(receipts must be submitted for reimbursement)	

Brush Wackers:	
Have you operated one before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when did you receive training? _____	
At what level? _____	
Fully Knowledgeable <input type="checkbox"/> Somewhat Knowledgeable <input type="checkbox"/>	
Heavy Equipment or Farm Equipment:	
What types of heavy equipment have you used? _____	
For how long? _____	
What types of farm equipment have you used? _____	
For how long? _____	
What training have you had? _____	
Do you have training/license documentation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had instruction on Lock Out Procedures? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever groomed snowmobile trails? Yes <input type="checkbox"/> No <input type="checkbox"/>	
First Aid and Health and Safety:	
Have you taken a first aid course? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health and Safety? Yes <input type="checkbox"/> No <input type="checkbox"/>	
WHIMIS Hazardous Material Management:	
Have you had any training? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What other skills or interests you wish to let us know about?	

Which District 2 Snowmobile Club would you like to Volunteer with?	
Buckhorn District <input type="checkbox"/> Havelock & District <input type="checkbox"/> Kawartha Lakes <input type="checkbox"/>	
Mazinaw Powerline <input type="checkbox"/> Old Hastings Snow Riders <input type="checkbox"/> Paudash Trail Blazers <input type="checkbox"/>	
Stoney Lake Sno Riders <input type="checkbox"/> Twin Mountains <input type="checkbox"/> Not Sure <input type="checkbox"/>	

Fax this sheet or mail it in to:
 OFSC District 2
 RR1, 878 Old Hungerford Rd
 Thomasburg, Ontario K0K 3H0
 Tel/Fax: 613.478.5916