



VOLUNTEER FORM

4395 Sheppard Avenue East
Scarborough, ON
M1S 1T9

TEL: (416) 335-0485
FAX: (416) 335-0486
filipinocentreinfo@gmail.com

NAME (Please print)

Mr/Mrs/Ms _____
Last name *First Name* *Initial*

ADDRESS _____
No. *Street & Unit No.* *City/Province* *Postal Code*

TELEPHONE Home: (____) _____ Cell: (____) _____ Bus: (____) _____

RELEVANT EXPERIENCE

A. Volunteer Experience

Agency/Organization	Duties
1. _____	_____
2. _____	_____

B. Work Experience

C. Education

D. Applicant's Special Skills



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INTERESTED POSITIONS

1. _____
2. _____
3. _____
4. _____

REFERENCES

- | | Name | Phone |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

WAIVER FORM

I hereby release and forever discharge the Filipino Centre Toronto (FCT) together with all its directors, officers, and employees from any and all actions, causes of actions, claims and demands for damages, indemnity, costs, interests, loss or injury of any nature and kind whatsoever and howsoever, arising which I may hereafter have against FCT in respect of personal injury or property damage sustained during my participation in FCT volunteer activities, without limitation.

I further agree to indemnify and hold harmless FCT from any claim that may be asserted against FCT by third parties in respect of the aforesaid personal injury or property damage.

I acknowledge having read, understood and agreed to this Waiver and agree to accept all risks for any harm associated with my participation in this FCT Volunteer Program.

Signature

Date