



Station Avenue 🏠
Road Town, Tortola VG1110
British Virgin Islands

1 284 494 2232 📞

info@recreationtrustvi.com ✉️

recreationtrustvi.com 🌐

VOLUNTEER FORM

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

I am interested in volunteering for the following types of activities:

- Youth Programs
- Elderly Programs
- Facility Maintenance
- Event Organizer
- Event Assistant
- Office Assistant
- Bar Operator
- Other: _____
- Other: _____



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Explain why you want to volunteer for the Recreation Trust, and what qualities would make you an outstanding volunteer for the Town?

PROGRAM EXPERIENCE

*Please list some activities in which you have participated.

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<hr/>	<hr/>	<hr/>

HOURS AVAILABLE TO VOLUNTEER (Exact Hours)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Do you have transportation to and from offsite programs? Yes ___ No ___



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The information I have provided may be verified, and I give permission to the Recreation Trust to check criminal and/or drivers' license records and to make inquiries of others concerning the suitability to act as a volunteer. I affirm that I have read the above and that the information I have given is true and complete.

PRINT NAME

SIGNATURE

DD/MM/YYYY

SECTION FOR OFFICE USE ONLY

PRINT NAME

TITLE

DD/MM/YYYY



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Recreation Trust Volunteer Consent Form and Agreement

ALL VOLUNTEERS UNDER THE AGE OF 18 MUST HAVE A PARENT OR LEGAL GUARDIAN COMPLETE SECTION B

SECTION A – VOLUNTEER AGREEMENT

In volunteering with the Recreation Trust, I hereby agree to work under the direction and control of authorized employees of the Recreation Trust. I will abide by the policies, procedures and guidelines established by the Trust and as shared with me through the orientation process. I understand that my services as a volunteer may be terminated without notice by an authorized employee of the Trust at any time. I also understand and acknowledge that the Recreation Trust does not carry disability or workman's compensation insurance coverage to my benefit.

Signature Date Volunteer

Legal Guardian Signature Date Parent or

SECTION B – CONSENT OF PARENT OR LEGAL GUARDIAN FOR VOLUNTEER PARTICIPATION BY A MINOR

I understand that my child or ward's services are being offered on a volunteer basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer the volunteer program. I authorize first aid to be administered to said minor if necessary.

of Parent or Legal Guardian Name of Minor D.O.B. Name

Signature of Parent or Guardian Date



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SECTION C – EMERGENCY CONTACTS

Name: _____ Phone: _____

_____ Name: _____

Phone: _____

Parent or Legal Guardian Signature: _____

Date: _____