



Alouette River Management Society  
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604 - 467 - 6401

## ALOUETTE RIVER MANAGEMENT SOCIETY VOLUNTEER APPLICATION FORM

First Name                      Last Name                      Are you a student?                      Birthday (M/D/Y)

Yes

No

Street Address

City

Postal Code

Phone Number

E-mail

Preferred Method of Contact

Previous volunteer experience?

Yes

No

Areas of Interest

Kids Day Camps\*

Environmental Stewardship

Office / Administration

Special Events

Adopt-A-Block Program

Other

\*High-school students only

Do you have any physical limitations (lifting)?

Do you have any allergies we should know about?

No

No

Yes

Yes

Emergency Contact Name

Contact Number

Relationship to Contact

Electronic Signature

Date

Thank you for your interest in volunteering with ARMS!