



Volunteer Intake Form

(Mandatory Completion)
 PROTECTED B (when completed)
 (Privacy Notice found below)

Full Name:
Date of Birth (DD-MM):
CFOne Card Number (please enter your card number here): Do you qualify for a CFOne Card? https://cfmws.ca/about-us/cfone-registration

Home address:	Preferred method of communication: (check all that apply)
Phone number:	<input type="checkbox"/> Text Message
Email address:	<input type="checkbox"/> Email
Alternate phone number:	<input type="checkbox"/> Telephone

Emergency Contact Info

Full Name:
Phone number:
Email address:
Relation to volunteer:

Accommodations Requirements (e.g. Allergies, Accessibility/Accommodation Requirements):

CFMWS is strongly committed to building a skilled, diverse volunteer environment reflective of Canadian society. We believe that diversity and inclusion among our volunteers is critical to our success as an organization, and we seek to engage and retain the most talented volunteers from a diverse community.

Accessibility/Accommodation required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical/Allergies or condition to be noted on file	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES has been identified in either of the two above sections, please use box below to identify your accommodation/accessibility requirement(s).		
Details/Requirements:		



Ministry of Transportation Information

(Complete this section **ONLY** if your volunteer role requires the use of your personal motor vehicle (PMV))

Vehicle Make:
Vehicle Model:
Vehicle Colour:
Vehicle Year:
Vehicle Licence plate number:
Provincial Drivers Licence number:
Personal Vehicle Insurance Provider:
Personal Vehicle Insurance Policy Number:
Personal Vehicle Insurance Policy Expiration Date:

(Please note: You will be required to produce copies/proof of above documents prior to the use of personal motor vehicle for a volunteer role with CFMWS).

Disclosure and Consent for Use

I understand that photography and videography could occur while the volunteer role is carried out. I authorize CFMWS to use and disclose my likeness (or child) as it pertains, voice, and words in television, radio, film, or in any other form for other CFMWS volunteer initiatives. <input type="checkbox"/> Yes <input type="checkbox"/> No
By registering as a National Volunteer, I authorize CFMWS to communicate with me electronically on matters that relate to CFMWS programs activities and other initiatives, which CFMWS believe, may interest or be of benefit to you. <input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize CFMWS to disclose my name and coordinates to the local Military Family Resources Centre (MFRC) for volunteering opportunities with their organization. <input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy notice

Personal information is collected pursuant to the *National Defence Act*. The information is used for the administration of the Canadian Forces Morale and Welfare Services (CFMWS) National Volunteer Policy and the management of volunteers within Non-Public Property (NPP) organizations.

Personal information is protected, and is only used and disclosed in accordance with the provision of the [Privacy Act](#) and as described in personal information bank Volunteers – CFMWS PPU 100. Under the Act, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

I have read and understand the Privacy Notice, and consent to the collection, use and disclosure of my personal information as described therein and as authorized above, until such authorization is revoked by me in writing.

SIGNATURE OF VOLUNTEER:	DATE:mm/dd/yyyy
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