

**For office use only:**

Sunday School, Arya Samaj Markham

@

Vedic Cultural Centre

## VOLUNTEER'S REGISTRATION FORM

4345 14<sup>th</sup> Avenue, Markham, Ontario L3R 0J2

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Gender :      Male              Female

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_ \_

\_\_\_\_\_

OHIP Number \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Any Allergies : No\_\_ Yes \_\_, List them. \*  
( Use back of the page if needed)

Parent's Name and Telephone number \_\_\_\_\_

School /College /University: \_\_\_\_\_

Work Place: \_\_\_\_\_

Your Hindi Skills:

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

Your other strengths: \_\_\_\_\_

Have you worked as Volunteer before: \_\_\_\_\_

Describe the type of volunteering done: \_\_\_\_\_

In consideration of acceptance of my child for the activities (including Yoga) of Sunday School, Arya Samaj Markham, on my behalf and on the behalf of my child, I accept all risks which may be suffered by my child and agree that teachers /instructors shall not be liable in any manner for any damages resulting from any injury to my child, however caused including an act of negligence. I also agree to indemnify the teachers/instructors and Sunday School and save them harmless with respect to any claim brought against them. I also give permission for my child to participate in field trips organized by the Sunday School.

**\*I have read and am aware of Sunday School's Policy regarding food allergies.**

Parent's/ (Student's if over 18 years) signature \_\_\_\_\_

Date: \_\_\_\_\_

For more Information:

Please contact : Ajit Wadhwa: 416-491-7584 ( Coordinator)