

**Rock Solid Refuge Inc.**  
**Volunteer Application**



**Position Applying for:**

- Cook    Maintenance    Direct Contact Staff  
 Other: \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov/State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Health Insurance #: \_\_\_\_\_  
Are there any health issues we need to be aware of (including allergies): \_\_\_\_\_  
\_\_\_\_\_

**References:**

#1 Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
#2 Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Experience:**

Prior Related Experiences: \_\_\_\_\_  
Qualifications such as Food Safety Certification, First Aid, etc: \_\_\_\_\_  
\_\_\_\_\_

Volunteer Experiences: \_\_\_\_\_

**RSR REGULATIONS:**

- No tobacco, alcohol, drugs, or other unbecoming behavior will be allowed.
- Staff Members are expected to serve as role models for those around them and are required to understand the legal, moral and spiritual responsibilities of caring for minors.

**Please attach:**

- **CRIMINAL RECORD CHECK from your local RCMP**
- **Personal Spiritual Experience & a Brief Life Story**

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

# RECOGNITION AND ASSUMPTION OF RISK AGREEMENT & PHYSICIAN RELEASE FOR STAFF.

(Must be signed & returned with application)

I, \_\_\_\_\_ (full legal name) understand that participation in the activities that make up Rock Solid Refuge is not without some inherent risk of injury. As such, in consideration of my participation in Rock Solid Refuge, I hereby release, waive, discharge, and covenant not to sue the nonprofit corporation, Rock Solid Refuge, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, whether caused by the negligence of the releases, or otherwise while participation in any such activity, or while in, or upon the premises where the activity is being conducted.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost. I also understand that the medical insurance policy carried by Rock Solid Refuge, if any, will provide only minimum coverage and that I should make sure I am covered with Provincial or family insurance in the event of a serious accident

## Photographic Release

I understand that Rock Solid Refuge may record my participation in camp on video, photograph or electronic means. I grant Rock Solid Refuge unlimited use of any such recordings with no obligation to me. Such recordings are the sole property of Rock Solid Refuge.

Signed \_\_\_\_\_

Dated: \_\_\_\_\_

*Please return this application to:*

*Rock Solid Refuge*

*Box 1622*

*Shaunavon, SK*

*SON 2M0*

*For more information contact RSR staff at:*

*306-297-3663*

*or*

*[info@rocksolidrefuge.com](mailto:info@rocksolidrefuge.com)*