

Fraser Valley Aboriginal Children and Family Services





Telephone: (604) 855-3328 Fax: (604) 855-3361

Embrace Youth Volunteer Group

Registration Form

Completed Forms can be sent to Registration@xyolhemeylh.bc.ca

NAME (FIRST AND LAST): PHONE NUMBER: AGE: GENDER PRONOUNS: ADDRESS: CITY: EMAIL: ALLERGIES/MEDICAL CONCERNS: SOCIAL WORKER NAME: Do you require transportation? Yes \[\] No \[\] Experience (Do you have any experience working with animals?): Additional Info/Comments: Emergency Contact Info NAME: PHONE NUMBER: PHONE NUMBER: EMAIL: ADDRESS: RELATIONSHIP TO PARTICIPANT: Waiver/Release: -I agree that I will follow all reasonable instructions and directions of the staff duly appointed by Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh in connection with the operation of the above named programI hereby release, remise and forever discharge the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or program or program any program or any program or program any program or any program or program or program or any program or	Participant Inform	ation			
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