



Stratford and District Agricultural Society ~Volunteer Form~



Please Print:

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

May we send you reminders about upcoming events by email: Yes ___ No ___

I would like to Volunteer for....Please check all that apply:

Trivia Night

Ontario Pork Congress

CDX Breakfast

Chicken BBQ

EastGen Competition

Western Ontario 4-H

Beef Invitational

National Shorthorn

Association

STRATFORD FALL FAIR

Dairy Achievement Day Shows

Perth 4-H Championship Show

Western Ontario 4-H Dairy Show

4-H Beef Invitational Show

MWHS Horse Show

Antique Show & Shine

Senior Euchre Tournament

Pet Show

Baby Show

Farm to You

Education Centre

Our society will collect use, and disclose information about you for the following purposes only:

To contact you with pertinent information

To communicate with other Agricultural Groups(Association, District, and Societies)

To keep an accurate volunteer list

To comply with legal and regulatory requirements including information to the Minister of Agriculture and Food

To deliver pertinent information to the Insurance Carrier

For teaching and demonstrative purposes on an anonymous basis

To assist the Society in complying with all regulatory requirements within the law.

Volunteer Consent:

I have reviewed the above information and agree that the Society may collect, use and disclose personal information about me as set out above. I understand the members of Paris Agricultural Society, including executive members, are volunteers of the society and as such are immune from civil liability for any act of omission resulting in personal loss, insult, or injury incurred in the activities of the society. I am willing to submit to a Security check if required.

Signature _____ Date _____