



Stratford & District Agricultural Society

Volunteer Form

Please Print

Name: _____

Address: _____ **City:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

Would you like to receive email reminders about upcoming events? **Y**___ **N**___

I would like to Volunteer Form (Please check all that apply):

___ Trivia Night ___ CDX Breakfast ___ Ontario Pork Congress

___ Chicken BBQ ___ Perth Waterloo Show

Stratford Fall Fair

___ Farm to You ___ 4H Livestock Shows ___ Ontario Texas Longhorn Show

___ Western Horse Show ___ Miniature Horse Show ___ Goat Show ___ Seniors Day

___ Show 'n Shine ___ Baby Show ___ Kids' Korner ___ Pet Show

The Stratford & District Agricultural Society will collect use and disclose information about you for the following purposes only:

1. To contact you with pertinent information.
2. To communicate with other Agricultural Groups (Association, District and Societies).
3. To keep an accurate volunteer list.
4. To comply with legal and regulatory requirements including information to the Minister of Agriculture and Food.
5. To deliver pertinent information to the Insurance Carrier.
6. For teaching and demonstrative purposes on an anonymous basis.
7. 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 Stratford & District Agricultural Society may collect, use, and disclose personal information about me as set out above. I understand the members of Stratford & District 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.

Signed: _____

Dated: _____