



## VOLUNTEER REGISTRATION FORM

You must be 16 years of age or older to volunteer for the Miles for Smiles Foundation.

A police clearance certificate is required for all volunteers and must be applied for before you can start volunteering.

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

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

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

e-mail: \_\_\_\_\_ Age: 16 - 20 21+

Emergency Contact Name and Phone Number:

\_\_\_\_\_

Previous Volunteer Experience:

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer for the Miles for Smiles Foundation?

\_\_\_\_\_

\_\_\_\_\_

Do you have specific skills or suggestions on ways to help the Miles for Smiles to Foundation?

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Volunteer Commitment Agreement:

I \_\_\_\_\_ commit to my duties and responsibilities as a volunteer for Miles for Smiles Foundation. I understand that during my volunteer time I am representing the Miles for Smiles Foundation, and all event sponsors, and in no way will my behavior reflect negatively upon Miles for Smiles or any other associated organization at the event.

\_\_ I give permission to have photos and/or videos of myself volunteering at this event published in social media while promoting this or other Miles for Smiles Foundation events.

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

PLEASE NOTE: Student volunteers requiring confirmation of volunteer hours must have sheets signed off by Miles for Smiles Staff.

Parental Consent (for volunteers under 18 years of age):

I, \_\_\_\_\_ am a parent/legal guardian of \_\_\_\_\_  
(please print) (please print)

and I give consent for them to volunteer or participate in Miles for Smiles Foundation events.

\_ I give permission to have photos and/or videos of my child volunteering at this event published in social media while promoting this or other Miles for Smiles Foundation events.

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**(Parent/Guardian Signature)**

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**(Date)**

Please email your volunteer registration form to:  
[milesforsmilesfoundation@gmail.com](mailto:milesforsmilesfoundation@gmail.com)