



Application and release form must be completed by all VOLUNTEERS. Medical and Psychosocial facilitators need to include CV of appropriate qualifications. To help us match everyone with their skills and interests please complete the following and email to info@castingforrecoveryvic.org.

Name: _____

Address: _____ Post code: _____

Phone: H _____ M _____

Email: _____

Emergency contact: _____

Highest level of Education: _____

Occupation: _____

Experience with women with Breast Cancer (if any)

Professional: _____

Personal: _____

Have you attended a CfR Retreat as a Participant N Y when: _____ where: _____

Volunteer Experience: _____

Which CfR volunteer position(s) are you interested in? tick all that apply

Planning Team: planning . Fundraising . Media . Events . Other _____

Retreat Team: Program Co-ordinator . Retreat leader . Psychosocial facilitator . Medical facilitator . Casting Instructor . Fishing buddies .

What special skills do you have? Please check all that apply. Fundraising . Writing .

Event planning . Marketing/public relations . Public speaking . Grant writing .

Photography/graphic design . Fly tying . Fly casting . Second language _____

Entomology . First Aid/CPR - year of certification _____ Other relevant experience/ education/training/special skills/certifications/licenses or interests you consider relevant:

_____ (attach 2nd page if needed)

Which Retreat are you interested in volunteering for (see website) _____

What is your availability? _____

How did you learn about Casting for Recovery Victoria Inc: _____

I would like to receive occasional email newsletters and other information about CfR: Y N

If appointed as a Volunteer, I agree to adhere to Casting for Recovery’s policies and guidelines, to fulfil my assigned responsibilities to the best of my ability, and to respect confidential information I might be privy to about the Participants, program, operations, procedures and the like that is not otherwise publicly disclosed. I will avoid any actions that might damage the reputation of, or be detrimental, to Casting for Recovery Victoria. I hereby assume full and complete responsibility for any personal injury or damage that I sustain or cause during my participation as a Volunteer. I realise that this is a non-paid position, and hereby release Casting for Recovery Victoria Inc and any of their employees, volunteers, agents, sponsors, board members, or successors from any and all losses, liability or claims I may have arising out of my service. I hereby affirm that the statements made on this application are true. I understand that the misrepresentation or omission of facts requested, is cause for non-appointment or may result in the termination of my volunteer status.

I hereby consent to be photographed, videotaped, and or interviewed during my participation in a Retreat being hosted by Casting for recovery Inc (Cfr) and CfR’s local state program affiliate (Retreat). I hereby grant CfR the unlimited right to use, reuse, publicly display, disseminate to media, publish and/or re-publish, in any manner or medium, now or later developed, my name, likeness and any and all video, photographic or other images of me taken by or on behalf of the Retreat for the purpose of illustrating, advertising and promoting the retreat or other CfR Retreats. No personal information will be given to a third party.

Signature: _____ Date: _____