



Kalayaan Filipino Cultural Organization (KFCO)

#3-5225 Orbitor Dr. Unit 3 Mississauga L4W 4Y8

## PFM VOLUNTEER APPLICATION FORM 2025

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Alternate No: \_\_\_\_\_

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

High School Student       College/University Student       Non-Student

### EMERGENCY CONTACT

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Please choose each area with which you are particularly interested in volunteering:**

- Event Setup and Assistance       Children's Village       Social Media  
 Environmental Clean up       "IT" Tech support       Other \_\_\_\_\_

### STATEMENT OF UNDERSTANDING

- This is an application for a student volunteer position with PFM for which there is no monetary compensation.
- I understand that any misrepresentation or falsification of any fact from this application will be cause for rejection from volunteer service.
- I understand even as a volunteer I am still expected to follow all Rules and Regulations.
- I understand that I must attend an orientation session prior to being allowed to volunteer for PFM.

### ACKNOWLEDGEMENT AND CONSENT

I hereby acknowledge that the information given above is accurate, and I do not have any medical condition that prevents my participation in the activities. I also give permission to PFM to use photographs taken by staff during the event for social media and promotional purposes.

SIGNATURE OF VOLUNTEER: \_\_\_\_\_ DATE: \_\_\_\_\_

### PARENTAL/GUARDIAN CONSENT

I, the parent/legal guardian of the student indicated on this form, understand and agree with all of the above and hereby allow my son/daughter to volunteer at the Philippine Festival for the specified dates, times, and events or programs.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_