

Thank you for volunteering to be a Trillium Judge!



Please print

Mr. Mrs. Ms. Miss

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Cell: _____

Email: _____

Judging Partner: _____

Note: Each partner must complete a registration form

Preferred Judging Ward: _____

Second Choice: _____

Number of judging zones desired (per partnership): 1 2

Privacy Statement and Volunteer Consent:

All information collected on this form is strictly for the use of the City of Hamilton Volunteer Program and such information will remain private and confidential and will be for the City of Hamilton Volunteer Program use only.

I hereby acknowledge that participation in a volunteer program organized in conjunction with the Public Works Department as with all activities, involves potential risk of injury. These types of injuries may result from my actions or inactions, the actions or inactions of others, or a combination of both.

Signature _____

Date _____

If participant is under 18 years of age, parent or guardian must sign

Return to:
77 James St N., Suite 400
Hamilton On
L8R 2K3

Email: trilliumawards@hamilton.ca
Fax: 905-546-4473 Attn: Alex Moroz