



**Education:**

Are you presently a student?  Yes  No

Highest Year/Grade Completed: \_\_\_\_\_

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

**Qualifications/Related Experience:**

Do you have a current Standard First Aid Certificate?  Yes  No Type: \_\_\_\_\_

Do you have a current CPR-C Certificate?  Yes  No Type: \_\_\_\_\_

Are you a Red Cross Leader Candidate?  Yes  No

Have you completed Mediator Training Workshop  Yes  No

Please indicate any other relevant qualifications: \_\_\_\_\_

\_\_\_\_\_

Please indicate any relevant experience in working with special needs individuals: \_\_\_\_\_

\_\_\_\_\_

Why do you want to become a volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby certify that the information provided is correct, and any false statements made on this application will result in immediate dismissal.**

*Personal information on this form is collected pursuant to the Municipal Act, 2001, S.O. 2001 c.25, as amended. It will be used to process your application form and establish the suitability for volunteer placement. Questions about this collection should be directed to the Active Living Coordinator for Special Needs/Volunteers, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1 905.832.8500.*

*Permission is hereby granted to the Recreation & Culture Department or its representative to transport my children to a local doctor or hospital for medical treatment if necessary. I agree to release, discharge, to indemnify and save harmless the City of Vaughan from and against all claims or proceedings in respect of any costs, losses, damage, or injury. By registering in a program I agree to medical attention and accept inherent risks associated with the program.*

Date: \_\_\_\_\_ Parent/Guardian (if under 16): \_\_\_\_\_

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