

Volunteer Application



Please complete this application form and drop off at:

Personal Information:

Last Name: _____ First Name: _____

Home Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Phone Numbers: (Home) _____ (Cell) _____

Email: _____

Emergency Contact: _____ Phone: _____

Have you ever been convicted of a criminal offence for which you have not received a pardon? Yes No

Would you like your name added to the York Region Community Information and Volunteer Centre Database? Yes No

| | | | | | | | | |
|---|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| Season Applying For: <input type="checkbox"/> Fall / Winter / Spring <input type="checkbox"/> Summer | | | | | | | | <input type="checkbox"/> Summer Camps |
| Day & Time Available to Work: Please check appropriate box(es). | Mon | Tue | Wed | Thu | Fri | Sat | Sun | |
| | Days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Evenings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How many hours per week are you available? _____ Date Available to Start: _____

Preferred Volunteer Location: Please check one.

City Hall Kleinburg Maple Thornhill Woodbridge No Preference

Preferred Work Setting: Please check all that apply.

One-on-one In a Group Children Youth Adults Older Adults No Preference

Have you ever volunteered with the City before? Yes No

If yes, please describe: _____

Language(s) Spoken: _____

Education:

Are you presently a student? Yes No

Highest Grade Completed: _____ School: _____

Employment History: List any volunteer or paid positions you've held related to the position you are applying for. Begin with the most recent.

Employed by: _____ Position: _____ Employed From _____ to _____
MM/YY MM/YY

Employed by: _____ Position: _____ Employed From _____ to _____
MM/YY MM/YY

Employed by: _____ Position: _____ Employed From _____ to _____
MM/YY MM/YY

Qualifications/Related Experience:

Do you have a current Standard First Aid and CPR-C Certificate? Yes No Type:
Have you completed your Bronze Medallion/Emergency First Aid? Yes No
Have you completed Mediator Training Workshop? Yes No

Please indicate any relevant experience, hobbies, courses, interests, etc.:

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

Why do you want to become a volunteer?

Please indicate the name of the program or event that you would like to volunteer for (if known):

If not known, please indicate your area of interest (please check all that apply):

Parks:

- Community Participation
- Dog Parks/Walking
- Nature/Trees
- Park Cleanliness
- Sports Programs
- Park Safety
- Playground Safety
- Recreational/Leisure Activities
- Skateboard Parks

Recreation Services:

- Arts
- Holiday Break Camps
- Special Needs
- Summer Camps
- Aquatics
- Preschoolers
- Sports
- Youth Outreach
- Fitness
- Older Adults

Administrative/Other:

- Animal Services
- Emergency Management
- Special
- One Time Events
- Other: _____

Personal References: Please list the name, telephone numbers and/or email addresses of three non-family members who we may contact.

Name: _____ Phone: _____ Email: _____
Name: _____ Phone: _____ Email: _____
Name: _____ Phone: _____ Email: _____

I hereby certify that the information provided is correct, and any false statements made on this application will result in immediate termination of my volunteer placement.

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 Human Resources, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1 905.832.8563.

Volunteer Applicant Signature: _____ Date: _____

Parent/Guardian Signature (for applicants under 18 years): _____ Date: _____