



VOLUNTEER APPLICATION

Thank you for your interest. If you are selected for a volunteer position, a municipal employee or committee member will contact you to provide additional information.

Name: _____

Mailing Address: _____

E-Mail: _____

Phone Home: _____ Phone Alt.: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Home: _____ Phone Alt.: _____

Availability

When do you want to volunteer? (Please circle):

Year-Round Summers Only Winters Only Special Events As Needed

How often do you want to volunteer? (Please circle):

Daily Weekly Monthly Occasionally Other: _____

Volunteer Experience

Have you volunteered before? Yes _____ No _____

If yes, please indicate the organization, volunteer position, and # of months/years:

Special Considerations- Voluntary (allergies or conditions that could be impacted by volunteer activities):

Areas of Interest

What position (programs, events, facilities) are you interested in?



What special skills or training do you have that are an asset for this position?

List any special skills or interests (e.g., music, language, sports, committee work):

Acknowledgement of Volunteer Responsibilities:

- ☐ I understand I may be required to undergo a screening process which could include an interview and reference check.
- ☐ I understand that mandatory training may be required before the start of my volunteer position.
- ☐ I understand that upon the acceptance of a volunteer position, I may be required to obtain a Police Vulnerable Sector Check (over 18) or a Police Check (under 18). Letter will be provided by the Village.
- ☐ I hereby certify that the information provided is correct, and any false statements made on this application will result in immediate termination of the volunteer position.
- ☐ I understand that the Corporation can refuse assistance of any individual to a volunteer or to end a current volunteer opportunity. The Corporation is not required to provide reasons or rationale for these actions.

Date: _____

Signature: _____
(Applicant or Parent/Guardian)

If the volunteer is under the age of 18, this waiver must be signed by a parent or guardian.

Personal information contained in this form is collected in pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used for the purpose of responding to your Volunteer Application. Questions about the collection of this information should be directed to the CAO-Clerk