



VOLUNTEER INFORMATION FORM

Personal Information

Name				
Address				
Phone (H)		(W)		(C)
E-Mail Address				
Date of Birth			Gender	

Availability

When are you available to volunteer (e.g., summers, year-round, weekdays, weekends, mornings, afternoons, etc.)?

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Children's Events | <input type="checkbox"/> Seniors' Events |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Winter Carnival | <input type="checkbox"/> Trails and Parks |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Water Quality Monitoring |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> I am interested in leading an event | <input type="checkbox"/> I am interested in helping with an event |

Do you have any suggestions for events or initiatives?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--

Do you have current First Aid certification? No Yes Expiry Date: _____

Do you have current CPR certification? No Yes Expiry Date: _____

Do you have current AED certification? No Yes Expiry Date: _____

Person to Notify in Case of Emergency

Name				
Address				
Home Phone		Work Phone		Cell
Relationship to Applicant				

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I hereby consent to the use of and grant to the Township of Carling the right to use photographs of myself for the purposes of promoting the Township of Carling's programs. I understand no other personal information will be released by the Township of Carling without my permission.

Name (printed)	
Signature	
Date	
Parent/Guardian name & signature (if under 18 years of age)	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

A satisfactory Vulnerable Sector Police Records Search may be required for some activities - consent will be requested separately if and when it is determined a VSPRS is necessary.

Thank you for completing this application form and for your interest in volunteering with us.