

**CITY OF WELLAND ~ RECREATION & CULTURE DIVISION**

**VOLUNTEER APPLICATION FORM**

**APPLICANT INFORMATION**

First Name Last Name Male Female

Address City/Town Postal Code

Home Phone Alternate Phone Email Address

**Emergency Contact**

Full Name Relationship Phone

- Yes  No **Have you ever been convicted of a criminal offence for which a pardon has not been granted?**
- Yes  No **Do you possess a current Criminal Record Check for working with vulnerable sectors?**
- Yes  No **Are you over the age of 14? (minimum age for volunteers for the City of Welland)**
- Yes  No **Please include in your resume: Reason for applying i.e. community service hours; Education; Previous experience; References and Training & Certifications i.e. First Aid, etc. Is your resume attached?**

**AREAS OF INTEREST (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Aquatics Programs                 | <input type="checkbox"/> Youth Programs (over 12 yrs) | <input type="checkbox"/> Special Events          |
| <input type="checkbox"/> Camps                             | <input type="checkbox"/> Senior's Programs            | <input type="checkbox"/> Special Needs/Inclusion |
| <input type="checkbox"/> Children's Program (under 12 yrs) | <input type="checkbox"/> Arts & Culture Programs      | <input type="checkbox"/> Kitchen                 |
| <input type="checkbox"/> Information Desk                  | <input type="checkbox"/> Program Set-Up/Tear Down     | <input type="checkbox"/> Market                  |
| <input type="checkbox"/> Boutique                          | <input type="checkbox"/> Maintenance                  |  |

**Note:** Some responsibilities require an individual interview which will occur before any position is filled.

**AVAILABILITY (check all that apply)**

<b>Morning (730am to 1230pm)</b>	<b>Afternoon (1230pm to 530pm)</b>	<b>Evening (530pm to 1030pm)</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S

- By checking this box, I hereby certify that all information in the application is true and complete to the best of my knowledge.
- By checking this box, I understand that if I am successful in obtaining a volunteer position, I may be responsible for obtaining a Criminal Record Check with Vulnerable Sector Screening that is acceptable to the City of Welland.

Signature of Applicant (clicking submit will confirm your signature) Date

Signature of Parent/Guardian (for applicants under 18) Date

➔ Please submit a resume with this form.

*Personal information on this form, and any applicable attachments, is being collected pursuant to the Municipal Act, 2001, and will be used to evaluate and recommend volunteer placements with the Corporation of the City of Welland.*

**SUBMIT**

**OFFICE USE ONLY**

**Interview Scheduled:**      
 Date Time Date Time

**Orientation Scheduled:**      
 Date Time Date Time