



## Confederation Park 55+ Activity Centre

### Volunteer Application Form

**Volunteer Area:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**Emergency Contact Name Relationship:** \_\_\_\_\_

**Preferred Method of Contact:**

**Home phone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_ **Both** \_\_\_\_\_

**Any Medical concerns that Confederation Park 55+ Activity Centre should be aware of in case of emergencies:**

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**Would you like to receive e-mails regarding upcoming events at our Centre and upcoming volunteer opportunities? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Previous/Current Work and Volunteer Experience:**

**Start date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Which department(s)/Positions are you interested in volunteering for?**

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## Confederation Park 55+ Activity Centre

What is your availability?'

Please list any interest, hobbies or skills that may apply to your volunteer experience at our Centre

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What would you like to gain through your volunteer experience?

### References

I hereby authorize the Volunteer Coordinators or other representatives of the Confederation Park 55+ Activity Centre to contact the persons or organizations listed below for the purpose of obtaining references information.

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

Reference # 1:

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

E-Mail:

\_\_\_\_\_

Reference # 2:

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

E-Mail:

\_\_\_\_\_



## Confederation Park 55+ Activity Centre

### Applicant's Declaration

Before signing, please be sure your application is filled out **COMPLETELY** and that you have read and understood the following declaration:

#### Photo Release:

I hereby consent for the Centre to use my personal image of any photo taken during my volunteer time for the purpose of promotional, marketing and educational materials.

Yes \_\_\_\_\_ NO \_\_\_\_\_

#### I HEREBY CERTIFY:

1. That all statements made on this application are true and I understand that any false statements may cause termination of my volunteer position with Confederation Park 55+ Activity Centre.
2. I understand that during my volunteer work with Confederation Park 55+ Activity Centre, I may learn information that is confidential in nature. I understand and agree that I will not disclose confidential information to persons outside of the organization, unless prescribed by law. Additionally, I will only release information to existing personnel that needs to know
3. I understand that my application to become a volunteer with Confederation Park 55+ Activity Centre also includes the submission of a Criminal Record Check, if necessary, for the position.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if applicant is under 18 years old)

It is not mandatory to answer specific questions, but this information is helpful in matching a volunteer with the appropriate task. Withholding certain information may limit certain volunteer opportunities.



## **Confederation Park 55+ Activity Centre**

**Please be advised that the personal information you have provided herein may be used for the purpose of volunteering only, and conforms to Section 32 of the Freedom of information and Protection of Privacy Act.**

**Revised: July 15, 2020**