



AREA(S) OF INTEREST: (PLEASE INDICATE ALL THAT APPLY)

- Administration, Adult Programs, Animal Services, Aquatics, Child Care, Clean City, Dance, Facilities, Fitness, Greenhouse, Learn to Skate, Parks, Preschool, Seniors, Seniors Centre, Special Events, Special Needs, Sports, Youth, Other:

PERSONAL INFORMATION: (PLEASE PRINT CLEARLY)

LAST NAME: FIRST NAME: ADDRESS: HOME PHONE #: CELL PHONE #: EMAIL: DATE OF BIRTH: GENDER: M / F EMERGENCY CONTACT NAME: RELATION TO VOLUNTEER: CONTACT NUMBER:

Are you currently employed (or have you been employed) by the City of Brampton? Yes No

If yes, please indicate the approximate last date of work:

Languages Spoken:

Do you have a valid Driver's License? No Yes Do you have the use of a vehicle? No Yes Full Time Occasionally

NEAREST FACILITY:

- Animal Shelter, Balmoral, Brampton Soccer Centre, Cassie Campbell, Central Public School, Century Gardens, Chinguacousy Park, Chinguacousy Wellness Centre, Chris Gibson, Earnscliffe, Eldorado Park, Ellen Mitchell, Flower City Community Campus, Greenbriar, Howden, Jim Archdekin, Ken Giles, Knightsbridge, Loafer's Lake, Memorial Arena, Professor's Lake, South Fletcher's, Terry Miller, Victoria Park

DATE AVAILABLE TO BEGIN VOLUNTEERING:

EDUCATION: (PLEASE PRINT CLEARLY)

SECONDARY SCHOOL

NAME OF SCHOOL: HIGHEST GRADE COMPLETED:

POST SECONDARY

NAME OF INSTITUTION:

HIGHEST YEAR COMPLETED: DIPLOMA/DEGREE RECEIVED: Yes No



PREVIOUS RELATED VOLUNTEER/EMPLOYMENT: (BEGINNING WITH THE MOST RECENT)

Table with 4 columns: EMPLOYER / VOLUNTEER, FROM, TO, POSITION HELD. Rows 1, 2, 3.

Other related experience (hobbies, outside activities, courses, workshops, leadership courses, etc):

QUALIFICATIONS:

Do you have a current First Aid certification? [] No [] Yes Expiry Date:
Do you have a current C.P.R. certification? [] No [] Yes Expiry Date:
Do you have a current A.E.D. certification? [] No [] Yes Expiry Date:

PLACEMENT INFORMATION:

TYPE OF PLACEMENT: [] High School (40hrs placement) [] Field Placement [] Other

AVAILABILITY:

Table with 8 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY. Rows FROM, To.

REFERENCES:

LIST REFERENCES (relatives are not to be used):

1. NAME: ADDRESS: HOME PHONE #: BUS. PHONE #:
2. NAME: ADDRESS: HOME PHONE #: BUS. PHONE #:

Conditions of being a Volunteer (please read carefully before signing).

- I, the undersigned, authorize an investigation of the statements herein.
I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.
I acknowledge and understand that if I am successful in obtaining a Volunteer placement, the placement is conditional upon receipt of an original Vulnerable Sector Police Records Search that is acceptable to The Corporation of the City of Brampton, prior to the start of the placement.
All statements become part of my personal file.
I authorize The Corporation of the City of Brampton, to make such inquiries respecting the above information, as is deemed necessary.

Volunteer's Signature Date

Parent / Guardian Signature (if volunteer is under eighteen (18) years of age) Date