

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Facilities | <input type="checkbox"/> Seniors Centre |
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Fitness | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Animal Services | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Learn to Skate | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Parks | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Clean City | <input type="checkbox"/> Preschool | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Seniors | |

PERSONAL INFORMATION: (PLEASE PRINT CLEARLY)

LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____ HOME PHONE #: _____
 _____ / _____ / _____ CELL PHONE #: _____
City Province Postal Code
 EMAIL: _____ DATE OF BIRTH: _____ / _____ / _____ GENDER: M / F
(if under 18 years of age) Month Day Year
 EMERGENCY CONTACT NAME: (must be 18yrs of age or older) _____
 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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Animal Shelter | <input type="checkbox"/> Chris Gibson | <input type="checkbox"/> Ken Giles |
| <input type="checkbox"/> Balmoral | <input type="checkbox"/> Earnscliffe | <input type="checkbox"/> Knightsbridge |
| <input type="checkbox"/> Brampton Soccer Centre | <input type="checkbox"/> Eldorado Park | <input type="checkbox"/> Loafer's Lake |
| <input type="checkbox"/> Cassie Campbell | <input type="checkbox"/> Ellen Mitchell | <input type="checkbox"/> Memorial Arena |
| <input type="checkbox"/> Central Public School | <input type="checkbox"/> Flower City Community Campus | <input type="checkbox"/> Professor's Lake |
| <input type="checkbox"/> Century Gardens | <input type="checkbox"/> Greenbriar | <input type="checkbox"/> South Fletcher's |
| <input type="checkbox"/> Chinguacousy Park | <input type="checkbox"/> Howden | <input type="checkbox"/> Terry Miller |
| <input type="checkbox"/> Chinguacousy Wellness Centre | <input type="checkbox"/> Jim Archdekin | <input type="checkbox"/> 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)

	EMPLOYER / VOLUNTEER	FROM	TO	POSITION HELD
1.	_____	month / year	month / year	_____
2.	_____	month / year	month / year	_____
3.	_____	month / year	month / year	_____

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:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
To							

REFERENCES:

LIST REFERENCES (relatives are not to be used):

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

2. NAME: _____ HOME PHONE #: _____
 ADDRESS: _____ 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