Corporation of The City of Peterborough

Volunteer Application Form

Applicant Information
Last Name: Given First: Initials:
Address:
City: Province: Postal Code:
Mailing address: (if different from above)
Home Phone #   Cell Phone #
Email Address: Date of Birth (if under 18 years of age):
Are you currently employed (or have been employed) by the City of Peterborough? ☐ Yes   ☐ No
If yes, please indicate approximate last day of work:

Emergency Contact Information
Emergency Contact Name: (must be 18yrs of age or older)
Relation to Volunteer: Contact Number:

Volunteer Information
I am a:
☐ New Volunteer   ☐ Returning Volunteer
If returning, list the event(s)/program(s) you previously volunteered at:

Event/Program:	Role:	Date:
Event/Program:	Role:	Date:
Event/Program:	Role:	Date:

Other Related Volunteer/Employment Experience			
Employer/Organization (Beginning with the most recent)	From (Month/Year)	To (Month/Year)	Position Held

Program/Event Applying for:
Please describe your availability to volunteer:
Dates and Times Available:

Other Information

What is the reason for wanting to become a volunteer? (ex. community hours, gain skills, etc.). Do you have any specific areas of interest?
Please provide any related experience, additional information or skills you feel may be pertinent (hobbies, outside activities, courses, workshops, leadership courses, etc.):

Qualifications

Do you have a current First Aid certification?	**Yes** ☐ **No** ☐	Expiry Date:
Do you have a current C.P.R. certification?	**Yes** ☐ **No** ☐	Expiry Date:
Do you have a current A.E.D certification?	**Yes** ☐ **No** ☐	Expiry Date:
Please describe any other specialized training, skills or qualifications that would contribute to a volunteer position (ex. valid driver's license, Safe Food Handler's certificate, etc.)		

References

Please provide three (3) references (preferably direct supervisors) and their contact information that you agree we can contact for a reference. References cannot be family related to you.

Please note that we will advise you prior to contacting your references and will not contact your references without your knowledge.

Reference Name	Employer Name/Title	Email	Phone

Other Volunteer Opportunities

☐ I would like to be contacted for other volunteer opportunities throughout the year. By checking this box, you agree that your details will be entered into our volunteer database* and give permission for volunteer managers to contact you directly for volunteer opportunities

If yes to the above, are there any exceptions (e.g., types of events, times of year, etc.)?

* The volunteer database will be accessible to People & Culture and various Volunteer Managers when looking to fill volunteer positions.

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 position that requires a criminal record or Vulnerable Sector check, the position is conditional upon receipt of an **original** criminal record search or Vulnerable Sector Check that is acceptable to the City of Peterborough, prior to the start of the placement.
- I authorize the City of Peterborough, to make such inquiries respecting the above information, as is deemed necessary.
- I understand that any misrepresentation made by me in connection with this application will be sufficient cause for cancellation of the application.

Signature of Applicant: _____ Date: _____

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

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

Personal information is collected under the authority of the Municipal Act 2001, S.O. 2001, c. 25 and, in accordance with Municipal Freedom of Information and Protection of Privacy Act, will be used to communicate to you regarding volunteer administration.

FOR INTERNAL USE ONLY	
Document Name (as applicable)	**Date Received**
Volunteer Waiver Form	
Confidentiality Acknowledgement Form	
Police Record Check/Vulnerable Sector Check	
Comments:	