# A black and blue logo Description automatically generatedCorporation of The City of Peterborough

**Volunteer Application Form**

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| **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: | | | | | | | |

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

**Other Information**

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

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| 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.) | | | | |
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**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.*

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| --- | --- | --- | --- |
| **Reference Name** | **Employer Name/Title** | **Email** | **Phone** |
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| **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.

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| 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.*

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