

**Township of Manitouwadge
Volunteer Application**

(Excluding Volunteer Fire Fighters)

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____ Age: _____

Why do you want to be a volunteer? (Please use separate sheet if needed.)

What would you like to do as a volunteer; do you have a preference? (Please use separate sheet if needed.)

Special Events

- Sunfest
- Frosty Days
- Canada Day
- 1st Day of summer
- Other

Labour

- Golf course
- Ski Hill
- Parks
- Public Works
- Other

Programs

- Soccer
- Badminton
- Theatre
- Drop In
- Playground

- Yoga
- Pool
- Baseball
- Skating
- Other

Experience:

Provide a list of relevant work or voluntary experiences and/or attach a resume to application.

Special Skills and Abilities

(Please check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Enjoy working with numbers | <input type="checkbox"/> Skilled in Microsoft Office | |
| <input type="checkbox"/> Strong organizational skills | <input type="checkbox"/> Enjoy providing quality Customer service | |
| <input type="checkbox"/> Painting | <input type="checkbox"/> carpentry | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Multi-tasking | <input type="checkbox"/> Bilingual |

Other _____

Qualifications and Special Training

- | | |
|---|---|
| <input type="checkbox"/> First Aid Certificate | <input type="checkbox"/> Equipment Operator (Specify) _____ |
| <input type="checkbox"/> WHIMIS Training | <input type="checkbox"/> Chainsaw Operators Course |
| <input type="checkbox"/> Valid Driver's Licence | <input type="checkbox"/> Coaching Certificate (Specify) _____ |
| Other (specify) _____ | Other (specify) _____ |
| Other (specify) _____ | Other (specify) _____ |

Availability:

- | | | |
|-----------|-----------------|----------------|
| Monday | Preferred hours | _____ to _____ |
| Tuesday | Preferred hours | _____ to _____ |
| Wednesday | Preferred hours | _____ to _____ |
| Thursday | Preferred hours | _____ to _____ |
| Friday | Preferred hours | _____ to _____ |
| Saturday | Preferred hours | _____ to _____ |
| Sunday | Preferred hours | _____ to _____ |

References:

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Relationship: _____

Emergency Contact

In case of emergency, please contact _____ Phone _____

Relationship to volunteer _____

Volunteer Agreement

I understand that I am offering my services to the Township of Manitowadge without compensation. Once I become a volunteer, I agree to abide by all Township rules, regulations, and policies, either published or in effect by custom. I understand that by signing this application, I hereby grant the Township permission to perform or request a copy of a background check, including criminal record, driving record, past employment, volunteer history, and personal references. I also understand that information collected during this background check will be limited to what is appropriate to determine my suitability for particular types of available municipal volunteer work and that all such information collected during the background check will be kept confidential. I also understand that my service as a volunteer may be terminated at any time with or without cause; if terminated, I understand that I may not be considered for future volunteer duties within the Township of Manitowadge.

Signature: _____

Date: _____

Witness: _____

Date: _____

Parent (if applicable) _____

Date: _____