

50+ Recreation Centres Volunteer Application Form

Name: _____

Address: _____ Postal Code: _____

Telephone: (H) _____ (Other) _____

Email: _____

1. Volunteer and Work experience: _____

2. Skills, training, interests, hobbies etc: _____

3. What type of volunteer opportunities are you interested in?

- | | | |
|---|--|---|
| <input type="checkbox"/> Activity Convener | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Building Security |
| <input type="checkbox"/> Membership Services | <input type="checkbox"/> Programming | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Host / Hostess Reception | <input type="checkbox"/> Special Events | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Tuck Shop / Snack Bar | <input type="checkbox"/> Volunteer Recruitment | Community Support Services |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Food Services | <input type="checkbox"/> Friendly Visiting Program of Cambridge |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Adult Day Services |

4. At which 50+ Recreation Centre do you want to volunteer? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Allan Reuter Centre
507 King St. E. | <input type="checkbox"/> David Durward Centre
62 Dickson St. | <input type="checkbox"/> Ted Wake Lounge
31 Kribs St. |
|---|---|--|

5. What day and time of day would you prefer to volunteer?

- | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |

When would you be available? Start date: _____ Until: _____

How often would you like to volunteer? Weekly Monthly Occasionally

6. How did you hear about becoming a volunteer?

- newspaper poster flyer school
- a friend City staff Volunteer Cambridge
- City Activities Guide City Website Other _____

7. Languages: Please indicate the languages other than English that you speak, read and write.

Language(s)	Speak	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What would you like to gain from this experience?

9. References (references are necessary, your application will not be considered without them)

Please list at least 2 references (no relatives) i.e. employer, doctor, last place you volunteered, teacher. References will be contacted after your interview. Some volunteer positions may require a Police Records Check. Applicant’s signature on application authorizes the City of Cambridge to contact the following persons for reference purposes.

Name	Phone Number	Relationship

I authorize investigation of statements herein. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. Personal information contained on this form, collected pursuant to the Municipal Act, will be used for the management of Community Services Department volunteers. If you have any questions on the gathering of personal information you can contact the Freedom of Information and Privacy co-ordinator who can be reached through the Clerk’s Division of the Corporate Services Department at 519.740.4680 ext. 4079.

Applicant’s Signature

Applicant’s signature date

If under 16, Parent/ Guardian’s Name and Signature

Print name Signature Date Phone

Applications can be returned to any City Recreation Centre, or mailed to
 Allan Reuter Centre, 50+ Recreation Centre, 507 King St. E. Cambridge, N3H 3N4
 Fax: 519.653.3429 Phone: 519.740.4681 ext. 4404
 Email: thibodeauj@cambridge.ca



Thank you for your interest in Volunteering!