

Date:

Personal Information

Name	
Address	
Date of Birth (D.M.Y)	
Home Phone	
Cell Number	
E-mail Address	
Current Status	Work___ Student___
Emergency Contact	Name: _____ Relationship: _____ Phone Number: _____

Have you volunteered with us before? Yes___ No___ If so what event/activity? _____

Why do you wish to become a volunteer? _____

What skills and interests do you have to offer? _____

Please indicate the area(s) you would like to volunteer? (Circle)

Soccer Pool Special Events Other: _____

Due to the nature of the volunteer position with regards to children, you may be requested to submit to a R.C.M.P. Criminal Record Check. Would you be willing to have this check done? Yes ___ No ___
Yes ___ or No ___

Youth Volunteers (Ages 14-18)
I _____ the parent/guardian of _____, approve of my son/daughter's intention to become a volunteer with the Department of Recreation within the Town of Florenceville-Bristol.

Parent/Guardian Signature Date

Reference: Please provide the name and contact information of one reference

Name: _____
Job Title: _____
Phone Number: _____

I hereby certify that the facts set forth in this application are true and complete. I will conduct myself in a mature professional manner and consider the feelings of others. I agree to abide by the rules and regarding dress code, confidentially, and will only carry out those duties assigned to me. I hereby authorize the Department of Recreation to contact my present or previous employer regarding references.

Signature Date