



A stepping stone to a healthy active lifestyle

Volunteer Application

The personal information collected on this form will only be used to select appropriate volunteers for The Next Step to Active Living Program. Please see or request a volunteer job description for more details as to what the volunteer positions entail. Please send completed volunteer applications to FAX # 905-615-4772 or EMAIL: dawn.wilson@mississauga.ca

| | | | |
|--|-------------|---------------------------------------|---|
| Applicant Name | Last | First | <input type="radio"/> male <input type="radio"/> female |
| Date of Birth (*if under 16) | Year | Month | Day (Volunteers must be at least 14 years of age. Parent/Guardian must sign if under 16) |
| Address | | City | Postal Code |
| Telephone (Residence) | | Telephone (Circle one: business/cell) | |
| Fax | | Email | |

Volunteer Specifics

| | | |
|--|----------------|--------------------------|
| Do you have a preferred program location? (choose one, or both) | | |
| <input type="radio"/> South Common Community Centre, 2233 South Millway Drive, Mississauga, ON <input type="radio"/> Huron Park Recreation Centre, 830 Paisley St., Mississauga, ON | | |
| What types of volunteers opportunities are you looking for? | | |
| <hr/> <hr/> <hr/> | | |
| What relevant work and/or volunteer experience do you have in the recreation field? (Attach a resume if desired) | | |
| Position | Company/Agency | Length of time |
| Position | Company/Agency | Length of time |
| <hr/> | | |
| What days of the week do you prefer to volunteer? (check any/all that apply) | | How many hrs/day? |
| <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday | | |
| What time of day do you prefer to volunteer? (| | |
| <input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> all day (note, all day program runs approx from 9am – 3pm) | | |
| When would you be available? | | |
| Start Date: | | End Date: |

Certifications and Skills

| | | | | | | | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------|-----------------------------|----------------------------|-----------------------------|-------|-----------------------------|----------------------------|-----------------------------|
| <p>Please list all certifications and courses that may apply (ie, First Aid, CPR, fitness certifications, pool certifications, etc.)</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | |
| <p>Please list any skills that you bring to the program (ie. music, dance, etc.)</p> <p>_____</p> | | | | | | | | | | | | |
| <p>Languages – To better serve the cultural diversity of Mississauga, please specify the languages other than English that you speak, read and write</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;"><input type="radio"/> speak</td> <td style="border: none; text-align: center;"><input type="radio"/> read</td> <td style="border: none; text-align: center;"><input type="radio"/> write</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;"><input type="radio"/> speak</td> <td style="border: none; text-align: center;"><input type="radio"/> read</td> <td style="border: none; text-align: center;"><input type="radio"/> write</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;"><input type="radio"/> speak</td> <td style="border: none; text-align: center;"><input type="radio"/> read</td> <td style="border: none; text-align: center;"><input type="radio"/> write</td> </tr> </table> | _____ | <input type="radio"/> speak | <input type="radio"/> read | <input type="radio"/> write | _____ | <input type="radio"/> speak | <input type="radio"/> read | <input type="radio"/> write | _____ | <input type="radio"/> speak | <input type="radio"/> read | <input type="radio"/> write |
| _____ | <input type="radio"/> speak | <input type="radio"/> read | <input type="radio"/> write | | | | | | | | | |
| _____ | <input type="radio"/> speak | <input type="radio"/> read | <input type="radio"/> write | | | | | | | | | |
| _____ | <input type="radio"/> speak | <input type="radio"/> read | <input type="radio"/> write | | | | | | | | | |
| <p>List other recreation interests that you may have</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | |

Authorizations and References

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|---|--------------------------------|-----------|----------------------------|
| <p>References</p> <p>References are necessary. Your application will not be considered without them! Please list THREE references (no relatives) i.e. teacher, employer, last place you volunteered, etc. References <u>will</u> be contacted after your interview. The applicant's signature (below) authorizes the Next Step program to contact the following persons for reference purposes (only).</p> | | | |
| Name | Occupation/Relationship to you | Phone No. | Contact in Day or Evening? |
| _____ | _____ | _____ | D/E |
| _____ | _____ | _____ | D/E |
| _____ | _____ | _____ | D/E |

| |
|--|
| <p>Have you ever been convicted of a criminal offence for which a pardon has not been granted?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> |
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*I, the undersigned, 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.
 All statements become part of my personal file.*

| | | | | |
|--|-----------------|---------------------|-------|-----|
| APPLICANT'S Signature | Date | Year | Month | Day |
| Parent/Guardian Name (if applicant is under 16 years of age) | | | | |
| Parent/Guardian Signature | Date | Year | Month | Day |
| Parent/Guardian Phone No. | Day () | Evening () | | |