



## Volunteer Application

### Part A: Applicant Information

First and Last Name:		
Address:	City:	Postal Code:
Home Phone:	Cell Phone:	
Email Address:		

### Part B: Areas of Interest

<input type="checkbox"/> Victoria Park Senior Centre	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Fergus Grand Theatre	<input type="checkbox"/> Advisory Committees
<input type="checkbox"/> Festivals and Events	<input type="checkbox"/> Other
<input type="checkbox"/> Doors Open & Culture Days	

### Part C: Availability

<input type="checkbox"/> Weekday Daytime	<input type="checkbox"/> Weekend Daytime
<input type="checkbox"/> Weekday Evening	<input type="checkbox"/> Weekend Evening

### Part D: Training, certifications, and specialized skills

<input type="checkbox"/> CPR/AED	<input type="checkbox"/> Sign Language
<input type="checkbox"/> First Aid	<input type="checkbox"/> Other _____
<input type="checkbox"/> Smart Serve	<input type="checkbox"/> Other _____

*I hereby certify that all the information in this application is true and complete to the best of my knowledge. I understand that if I am successful in obtaining a volunteer position, I may be responsible for obtaining a Criminal Record Check with Vulnerable Sector Screening that is acceptable to Centre Wellington.*

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Signature of Applicant Date

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Signature of Parent/Guardian (for applicants under 16 years of age) Date

*Personal information on this form, and any applicable attachments, is being collected pursuant to Part IV of the Municipal Act 2001, and will be used to evaluate and recommend volunteer placements with the Township of Centre Wellington. If you have any questions about this collection, please contact Centre Wellington.*