

Volunteer Application Form

www.hamilton.ca/recreation



Hamilton

We appreciate your interest in volunteering with the City of Hamilton, Recreation Division. Please complete the following application:

Applicant Information:			
Name		Date of Birth	
E-mail		Phone	
Address		City/Postal Code	

Select those that apply to you

	Certification/Training/Experience
Standard First Aid with CPR-C	Expiration Date: _____
Aquatics	<input type="checkbox"/> Currently enrolled or completed Bronze Medallion or higher within the last year <i>(these are prerequisites to be considered for volunteering)</i>
Leadership Experiences	<input type="checkbox"/> Babysitting <input type="checkbox"/> Completed LIT course in past
Program Skills <i>(fitness, High Five, early childhood training, swimming level, art/music levels, dance/sport experience)</i>	

Please select the location preferences to volunteer:

District 1	District 2	District 3	District 4	District 5	Seniors Centres
<input type="checkbox"/> Bennetto <input type="checkbox"/> Dalewood <input type="checkbox"/> Dundas CC <input type="checkbox"/> Dundas Pool <input type="checkbox"/> Kanétskare	<input type="checkbox"/> Ancaster Aquatic <input type="checkbox"/> Ancaster Rotary <input type="checkbox"/> Sir Allan MacNab <input type="checkbox"/> Westmount	<input type="checkbox"/> Bernie Morelli <input type="checkbox"/> Central <input type="checkbox"/> Jimmy Thompson <input type="checkbox"/> Norman Pinky Lewis <input type="checkbox"/> Sir Winston Churchill	<input type="checkbox"/> Dominic Agostino Riverdale CC <input type="checkbox"/> H. G. Brewster <input type="checkbox"/> Stoney Creek <input type="checkbox"/> Winona CC	<input type="checkbox"/> Hill Park <input type="checkbox"/> Huntington Park <input type="checkbox"/> Valley Park CC	<input type="checkbox"/> Ancaster Seniors Achievement <input type="checkbox"/> Flamborough <input type="checkbox"/> Sackville Hill

Acknowledgement of Volunteer Responsibilities and Consent to Share Information

I understand that volunteer opportunities are limited, and that volunteers will not be left alone with participants, access participant information, handle cash/payments or be compensated in any way. I further understand that by completing the application, there is no guarantee of volunteer placement and that applications require further review and are subject to facility needs.

I understand that if my application is matched to a facility need, I will be required to meet with the centre full time staff to discuss goals, and complete a building orientation.

I understand that upon acceptance of a volunteer placement I am required to obtain a Police Vulnerable Sector Check (over 18) or a Police Information Check (under 18) at my own expense prior to volunteering.

I authorize for my personal information provided on this application to be shared with the facilities identified.

Volunteer Signature: _____

This section must be completed for volunteers under the age of eighteen (18) years.

Parent/ Legal Guardian's Name (First and Last):

Signature: _____

Date: _____