



VOLUNTEER APPLICATION FORM

Received:

DATE: _____

NAME: _____ PHONE: (day) _____ (eve) _____

ADDRESS: _____ EMAIL: _____

CITY: _____ POSTAL CODE: _____

OCCUPATION: _____ STUDENT: (location) _____

BIRTHDATE: (year) _____ (month) _____ (day) _____

PLEASE PROVIDE A COPY OF YOUR CURRENT B.C. DRIVER'S LICENSE OR STUDENT / BC ID

EMERGENCY CONTACT:

NAME: _____ TELEPHONE: _____ RELATIONSHIP TO YOU: _____

WHY DO YOU WISH TO VOLUNTEER WITH US?

WHICH FACILITIES ARE YOU ABLE TO VOLUNTEER AT?

- Vernon Recreation Center Arenas – Kal Tire Place
 Priest Valley Arena Priest Valley Gym

WHICH SPECIFIC AREAS OF RECREATION ARE YOU MOST INTERESTED IN?

- | | | | |
|---|---|--|--------------------------------|
| AQUATICS | PROGRAMS | FITNESS | OTHER |
| <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Preschool/Playschool | <input type="checkbox"/> Aquafit/ Aerobics Assistant | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Lifeguarding | <input type="checkbox"/> Sports | <input type="checkbox"/> Fitness Center Assistant | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Ice Programs | <input type="checkbox"/> Specialty or Holistic Assistant | |

WHICH AGE GROUP(S) ARE YOU INTERESTED IN VOLUNTEERING WITH?

- Preschool Teens People with special needs
 Children Adults Seniors

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?

- Phone Email Other: _____

PLEASE INDICATE THE DAYS AND HOURS YOU ARE CURRENTLY AVAILABLE (i.e. Mon. 9-11am):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PLEASE LIST YOUR CURRENT & PREVIOUS VOLUNTEER EXPERIENCE:

ORGANIZATION	FROM	TO	DETAILS
<i>Example: Boys and Girls Club</i>	<i>APR 1998</i>	<i>SEPT 2002</i>	<i>Assisted with activity planning and supervision.</i>

COMMUNITY INVOLVEMENT: e.g. Clubs, Associations, Teams, Service Groups.

PERSONAL INTERESTS/HOBBIES/SKILLS THAT COULD RELATE TO YOUR VOLUNTEER OPPORTUNITIES:
(be specific)

SPECIAL TRAINING/COURSES, EDUCATION, CERTIFICATIONS, ETC.

REFERENCES: Please list 3 people who are familiar with your character and abilities.
(please do not include family or friends)

	<u>Name</u>	<u>Phone #</u>	<u>Occupation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

RCMP POLICE RECORD CHECK (confidential)

As a volunteer, you are placed in a sensitive position of trust when interacting with the public. For the protection of participants in the program, the City of Vernon, and yourself, we require that you consent to a criminal record search before volunteering with our organization. After you have completed your interview you will be asked to obtain a criminal record check with the Vernon RCMP before your volunteer experience begins.

APPLICANT'S SIGNATURE

INTERVIEWER

DATE

DATE

Thank you for your interest in our facility. A staff member will contact you to discuss your application soon.

Please return to the Recreation Centre Front Desk

For more information please call Vernon Recreation Center 250-545-6035

FOR OFFICE USE ONLY

PROGRAMMER: _____ NOTES: _____

DATE CONTACTED: _____ DATE CONTACTED: _____

INTERVIEW DATE: _____ TIME: _____