



Volunteer Application Form

Date: _____

Please complete the Volunteer Application form and drop off at the Milton Leisure Centre, Milton Sports Centre or Town Hall. If you have any questions please, contact the Coordinator, Special Events at (905) 878-7252 ext. 2620.

Part A: Applicant Information

Please Print Clearly

Applicant last name	Applicant first name		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address	City/town	Apt/Unit	Postal Code
Home phone ()	Cell phone ()	Email	
Preferred method of contact (check all that apply): <input type="checkbox"/> home phone <input type="checkbox"/> cell phone <input type="checkbox"/> email	Emergency contact name and relationship Emergency contact phone ()		
Have you ever been convicted of a criminal offence for which a pardon has not been granted?			<input type="checkbox"/> yes <input type="checkbox"/> no
Do you possess a current Criminal Record Check with vulnerable screening check?			<input type="checkbox"/> yes <input type="checkbox"/> no

Part B: Areas of Interest (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Stage Managers | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Information Attendants | <input type="checkbox"/> General Help - Runners |
| <input type="checkbox"/> Set Up Team | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Tear Down Team | <input type="checkbox"/> Greeters |
| <input type="checkbox"/> Manning of Barricades | <input type="checkbox"/> Vendor Coordinator |
| <input type="checkbox"/> Children's Arts & Crafts | <input type="checkbox"/> Green Team |

Part C: Availability (check all that apply)

Saturday, June 6th	Morning	Afternoon	Evening	Any

Part D: Education

Are you presently a student? yes no

Highest Year/Grade completed: _____

Part E: Previous Experience – Please provide resume (starting with most recent)

Position (please indicate volunteer/employment)	Organization	Dates

Part F: Qualifications (check any that may apply)

- | | | | |
|--|------------------|--|------------------|
| <input type="checkbox"/> Leader-in-training | cert. date _____ | <input type="checkbox"/> CPR level | cert. date _____ |
| <input type="checkbox"/> Sign language | cert. date _____ | <input type="checkbox"/> High Five | cert. date _____ |
| <input type="checkbox"/> Emergency First Aid | cert. date _____ | <input type="checkbox"/> Smart Serve | cert. date _____ |
| <input type="checkbox"/> Standard First Aid | cert. date _____ | <input type="checkbox"/> Defibrillator | cert. date _____ |
| <input type="checkbox"/> Other first aid | cert. date _____ | <input type="checkbox"/> Other | |

Part G: General Information

Why do you want to become a volunteer?

If you are a student, are you using this to fulfill your 40-hours of community involvement?

- yes no

List your hobbies/interests:

Part H: References

	Name	Telephone	Occupation	# years known
1.				
2.				
3.				

Name of Volunteer

I, _____, on my own behalf and with the intent of binding my heirs, executors and administrators do hereby waive any claim which I or they or any of them can or may have against the Corporation of the Town of Milton (the Town) for loss, cost, expenses, damages, injury or death arising directly or indirectly as a result of my participation or services as a volunteer and do hereby release the Town from all liability and obligation in respect thereof.

SIGNATURE OF VOLUNTEER: _____

DATE: _____

I hereby certify that all information in the application is true and complete to the best of my knowledge.

Signature of Applicant

Date: ___/___/___
day/month/year

Signature of Parent/guardian (for applicants under 16)

Date: ___/___/___
day/month/year

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980, chapter 302 (as amended) and will be used to assess registration for the Town of Milton, Community Services Department programs. Questions about this collection should be directed to the Director of Community Services, Town of Milton, 150 Mary Street, Milton, Ontario Tel. 905-878-7252.

Date Received