

TOWN OF CONCEPTION BAY SOUTH Volunteer Application Form

(please note that this form must be completed by a parent / guardian for any applicant under 19 years of age)

Personal Information

Last Name: _____ First Name: _____

Date of Birth (yyyy/mm/dd): _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Do you have any special needs, medical information, allergies, or requirements that staff should be aware of? Yes No

If yes, please list: _____

Volunteer Information

Please select any populations you prefer to volunteer with:

Children Youth Adults Seniors No preference

Please select any areas you would be interested in volunteering with:

Special Events (Ex: Tree Lighting Ceremony, Santa Claus Parade, etc.)	Recreation Programs (ex: Seniors Socials, community campfires, walking programs, etc.)	Community Festivals (ex: Winterfest, Kelligrews Soiree, etc.)	Other: _____
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What is your availability (ex: evenings, weekends, etc.)? _____

Personal References

Please list 3 references below. Where possible, please list a person who has overseen your work in a volunteer position.

Name: _____ Occupation: _____ Telephone: _____

Name: _____ Occupation: _____ Telephone: _____

Name: _____ Occupation: _____ Telephone: _____

Please provide any additional information that you feel would be applicable for volunteering with the Town of Conception Bay South:

I acknowledge that everything declared in this form is true, and understand that if there is any change to the information contained in the application, it is my responsibility to notify the Town of Conception Bay South.

Volunteer Applicant Signature

Date

If the volunteer applicant is younger than 19 years, a parent / guardian must sign below:

Parent / Guardian name

Parent / Guardian Signature

Date

Privacy Notice

Collection of personal information from this application is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your volunteer application. Questions about the collection and use of this information may be directed to the Access & Privacy Coordinator by phone: (709) 834-6500 ext. 101, or by email: atipp@conceptionbaysouth.ca

Apply

Once completed, please send form to: Town of Conception Bay South – Volunteer Application
11 Remembrance Square
P.O. Box 14040, Stn. Manuels
Conception Bay South, NL A1W 3J1

Email: recreation@conceptionbaysouth.ca

For more information on Volunteering with the Town of Conception Bay South, please phone (709) 834-6500 ext. 601, or email recreation@conceptionbaysouth.ca