



RECREATION & CULTURE LEISURE BUDDY APPLICATION

Please complete the Leisure Buddy Application form and drop off at any City of Vaughan Community Centre.

If you have any questions or concerns, please contact **Mihaela Neagoe**, Active Living Coordinator at **905-832-2377 ext. 7405**.

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Phone Numbers: (Home) _____ (Cell) _____

Email: _____

AVAILABILITY/LOCATION:

Please record the times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date Available to Start: _____

Preferred Volunteer Location (please circle one):

Maple Kleinburg Woodbridge Thornhill

PREVIOUS LEISURE BUDDY/EMPLOYMENT - Beginning with most recent

Position: _____ Organization: _____

EDUCATION:

Are you presently a student? Yes No

Highest Year/Grade Completed: _____

School Name: _____

QUALIFICATIONS/RELATED EXPERIENCE

Do you have a current Standard First Aid Certificate? Yes No Type: _____

Do you have a current C.P.R. - C Certificate? Yes No Type: _____

Are you a Red Cross Leader Candidate? Yes No

Have you completed Mediator Training Workshop? Yes No

Please indicate any other relevant qualifications:

Please indicate any relevant experience in working with special needs individuals:

Why do you want to become a Leisure Buddy?

I hereby certify that the information provided is correct, and any false statements made on this application will result in immediate dismissal.

Date: _____ Parent/Guardian (if under 16): _____

Signature: _____