

**VOLUNTEER APPLICATION FORM
EMERGENCY PLANNING DEPARTMENT**



Please submit completed Volunteer Application form to: sharon.walker@vaughan.ca

We thank all applicants, however, only those selected for an interview will be contacted.

SECTION 1 (Completed by the applicant)

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
CURRENT ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	E-MAIL:
HOME PHONE NUMBER:		ALTERNATE PHONE NUMBER:

What type of volunteer work are you interested in? _____

Number of hours available to volunteer each week: 1-5 5-10 10-15

Please list the time frames you are available to work/volunteer after school and on weekends:

<input type="checkbox"/> Monday: _____	<input type="checkbox"/> Friday: _____
<input type="checkbox"/> Tuesday: _____	<input type="checkbox"/> Saturday: _____
<input type="checkbox"/> Wednesday: _____	<input type="checkbox"/> Sunday: _____
<input type="checkbox"/> Thursday: _____	

SECTION 3 (Completed by the applicant)

EDUCATION: Completed Elementary <input type="checkbox"/> Completed High School <input type="checkbox"/> Completed College <input type="checkbox"/> Obtained University Degree <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____
PLEASE INDICATE HIGHEST GRADE LEVEL COMPLETED OR DIPLOMA AND/OR DEGREES OBTAINED: _____ _____

SECTION 4 (Completed by the applicant)

ADDITIONAL EDUCATION, LICENCES OR TRAINING: _____ _____ _____
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PERSONAL INFORMATION ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL ACT, 2001, S.O. 2001, C.25 AS AMENDED. THIS INFORMATION WILL BE USED FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR VOLUNTEER OPPORTUNITIES. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO SHARON WALKER, CITY OF VAUGHAN, 2141 MAJOR MACKENZIE DRIVE, VAUGHAN, ONTARIO. L6A 1T1, 905-832- 8585.

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SECTION 5 – BEGIN WITH MOST RECENT JOB/VOLUNTEER EXPERIENCE (Completed by the applicant)

NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:		PHONE NUMBER:	
CITY:	PROVINCE:	POSTAL CODE:	
JOB TITLE:	START DATE: / / DD MM YY	LAST DAY WORKED: / / DD MM YY	
NAME OF SUPERVISOR:	FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:		PHONE NUMBER:	
CITY:	PROVINCE:	POSTAL CODE:	
JOB TITLE:	START DATE: / / DD MM YY	LAST DAY WORKED: / / DD MM YY	
NAME OF SUPERVISOR:	FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:		PHONE NUMBER:	
CITY:	PROVINCE:	POSTAL CODE:	
JOB TITLE:	START DATE: / / DD MM YY	LAST DAY WORKED: / / DD MM YY	
NAME OF SUPERVISOR:	FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

SECTION 6 (Completed by the applicant)

I confirm all of the information provided is true and accurate. I understand that any misrepresentations may disqualify me from participating as a volunteer. I also authorize the use of information provided on this application for obtaining references as indicated above.		
SIGNATURE:	DATE: / / DD MM YY	TIME: AM <input type="checkbox"/> PM <input type="checkbox"/>