



# Volunteer Application Form

Recreation & Culture Dept.

PERSONAL INFORMATION	
Name (first & last)	
Address (apt. number, street number and street name)	
City & Province	Postal Code
Home Phone	Alternative Phone
Email Address	Date of Birth
EMERGENCY CONTACT INFORMATION	
Name (first & last)	Relation
Home Phone	Alternative Phone

**What is your reason for wanting to become a volunteer? (ex. Community hours, gain skills, etc.)**

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**Do you have a specific area of interest in which you would like to volunteer? If so, please elaborate (ex. Special Events, Summer Camps, etc.)**

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**Describe any specialized training, skills or qualifications that would directly contribute to a volunteer position (ex. First Aid & CPR, etc.)**

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**Thank you for completing this application and for your interest in volunteering with us!**

Personal information on this form is collected under the legal authority of the Municipal Act, R.S.O.1980, C.302 as amended, and will be used to determine eligibility for employment. Further information concerning the collection of personal information should be directed to the Human Resources Manager, Town of Georgina, 26557 Civic Centre Road, Keswick, ON L4P 3G1. Phone # (905) 476-4301 Fax # (905) 476-1957; [www.georgina.ca](http://www.georgina.ca)