



VOLUNTEER APPLICATION

The Corporation of the City of Guelph &
Guelph/Wellington Seniors Association
Evergreen Seniors Centre
683 Woolwich St., Guelph, Ontario N1H 3Y8
(519) 823-1291 EXT. 2096



Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of processing your registration.

PERSONAL DATA:

LAST NAME:	GIVEN NAME:
STREET ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
HOME PHONE:	CELL PHONE:
EMAIL:	

The new Canada Anti-Spam Legislation requires the City of Guelph to secure your consent to communicate with you electronically.

I give permission for the City of Guelph-Evergreen Senior Center to communicate with me electronically for the purpose of advising of upcoming events, workshops and General news update.

Name

Signature

Please note that you can revoke this consent at any time by clicking the unsubscribe link in any mails we send to you after this consent is received.

For more information on Canada's Anti-Spam Legislation, please contact the City of Guelph Access and Privacy Specialist at 1 Carden Street, Guelph, ON, N1H 3A1, 519.822.1260 X 2349 or at privacy@guelph.ca

Why would you like to volunteer for the City of Guelph/Guelph Wellington Seniors Association?

Please list any previous work or volunteer experience that may be relevant:

Please tell us about your interests/hobbies or skills:

EDUCATION/TRAINING:

COMMUNITY COLLEGE/UNIVERSITY/CERTIFICATE/DIPLOMA:
NAME OF PROGRAM:
CERTIFICATE/DIPLOMA/LICENSE:

How did you learn about this volunteer opportunity?

- | | |
|---|---|
| <input type="checkbox"/> Sentinel | <input type="checkbox"/> Volunteer Centre |
| <input type="checkbox"/> Community Guide | <input type="checkbox"/> Friend |
| <input type="checkbox"/> City of Guelph Website | <input type="checkbox"/> GWSA Website |
| <input type="checkbox"/> Other: _____ | |

Please check areas you would be most interested in volunteering:

- Registration Desk at Evergreen Seniors Centre
- Information Desk at Evergreen Seniors Centre
- Dining Services at Evergreen Seniors Centre
- Committee Work
- Special Events
- Book Nook
- GWSA Activity Leader
- Feeling Better – Move Well In Home & Group Exercise Program
- Feeling Better – Eat Well Nutrition Program
- SOS (Seniors Offering Support) Telephone Visiting and Peer Advocate Program
- Outreach Day Out Program
- Other: _____

REFERENCES:

Please provide the names of 3 non-related persons who can provide a character reference and speak to your suitability as a volunteer.

Name:	Relationship:
Address:	Phone Number:

Name:	Relationship:
Address:	Phone Number:

Name:	Relationship:
Address:	Phone Number:

I hereby authorize any individual, company, or institution to furnish The Corporation of the City of Guelph with any information they may have concerning my performance, and I do hereby release such individual, company or institution from any and all liability by reason of furnishing such information.

I understand that a volunteer position is conditional upon:

1. Verification of reference checks.
2. Verification of Police Record Check (for certain positions).
3. Adherence to the policies, guidelines and regulations of both The City of Guelph and the GWSA.
4. Meeting the qualifications of the volunteer position description.

Volunteer Signature: _____ **Date:** _____

In case of an emergency while you are volunteering, who should be contacted?	
Name:	Phone No.:
Relationship to Volunteer:	Address:
Family Doctor:	Phone No.:
Please list any allergies, physical limitations, special needs, medical or health conditions that staff should be aware of.:	
If you would like your birthday recognized please indicate birthday (month and day):	

Please forward completed registrations to:
Becky MacDonald - Coordinator of Volunteer Services
volunteer@guelph.ca
683 Woolwich Street
Guelph, ON N1H 3Y8
519-823-1291 EXT. 2096
Fax: 519-823-8972

For Office Use Only:

Record of Placement			
Application Date:		Volunteer Session?	
Interview Date:		Interviewed By:	
Position:		Start Date:	
Computer Input Date:		Reference Check:	
Police check: (if required)		Insurance Check: (if required)	
Risk Management Assessment Completed:			