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| --- |
| Date stamp: |
| c/o DPPCC 150 PIONEER DRIVE |
| KITCHENER, ON N2P 2C2 (519) 741-2641 |

Volunteer Application

Resume Attached: Yes □ No □

Business Phone:

(Postal Code)

|  |  |
| --- | --- |
| Name: Home Ph Address  Email Add | one:  :  (Street) (City)  ress: |

|  |  |
| --- | --- |
| If under 18 years of age, please state year of birth: | |
| If under 18 years of age, please have parent/guardian sign the following: | |
| I give permission for to volunteer for the DPPCA. | |
| (Signature) | (Date) |

|  |  |
| --- | --- |
| 1st Emergency Contact: Phone: | |
| 2nd Emergency Contact: Phone: | |
| Family Doctor: | |
| Do you have any medical information (allergies, etc,) that the DPPCA should be aware of? | |
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| Please take a few minutes complete the following: |
| Position being applied for: |
| Please list skills you possess to enhance this position: |
|  |
| If selected, what do you hope to gain from your volunteer experience? |
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| By signing below, you are agreeing to diclose your personal contact information to the DPPCA staff and |
| the other members of the DPPCA for DPPCA matters only. This information will not be shared. |
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| The DPPCA reserves the right to request references from a volunteer |
| for any related volunteer positions.  The DPPCA complies with the Accessibility Standards for Customer Service. |

**Applicants for Board Members, Activities and Event Coordinators ONLY, please complete the following:**

* Please supply three references and one volunteer reference, volunteer, general or work

related (no family) that may be contacted.

* A police record check is also required in screening for all the above positions. Please speak to the Volunteer Coordinator for additional information on how to obtain a police record check.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone#, Address & PC | | Relationship To You |
| 1 | ( ) | |  |
| 2 | ( ) | |  |
| 3 | ( ) | |  |
|  | | | |
| I understand that a volunteer position is conditional upon: | | | |
| 1. A 30-day probationary period, during which all statements made in this application may | | | |
| be verified: |  |  |  |
| 2. Becoming aware of and adhere to the policies, guidelines, confidentiality clause, regula- | | | |
| tions and instructions governed by the Association: | | | |
| 3. Meeting the specifications of the volunteer position set up in the Policies and Procedure | | | |
| Guidelines: |  |  |  |
| 4. I understand that I may be requested to provide additional information at the discre- | | | |
| tion of the Volunteer Coordinator or the Executive Board of Directors. | | | |
|  | | | |
| (Signature) | | (Date) | |



The Doon Pioneer Park Community Association depends upon and is run by volunteers from the community. Thank you for taking the time to read and fill out this form.

Those selected for a volunteer interview will be contacted within the next two weeks.

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| Office Use Only |  |  |  |
| Volunteer Contacted □ | Date | By Whom | |
| Police Check Verified □ | Date | By Whom | |
| References Checked □ | Date | By Whom | |
| Comments: | | | Recruitment Method: |
| Word of mouth |
|  | | | DPPCA Newsletter |
|  | | | Program Participant |
| V.A.C. |
| K.W. Record |
| Flyer |
| Sign |
| Other |