



A sport, fitness and life skills
facility for people of all abilities.
varietyvillage.ca

Volunteer Application

CONTACT INFORMATION

First Name:		Middle Name:	
Last Name:		Title:	
Address:			
City:	Postal Code:	Province:	Country:
Phone:	Work:	Cell:	
Date of Birth:	Email:		
Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY CONTACT

Contact Name:		Relationship:
Phone:	Work:	Cell:
Do you have any allergies or is there any medical information you wish to disclose?		

REFERENCE INFORMATION

Please list 2 references. One may be a personal reference, one of which must be a professional reference.

Name:		Relationship:
Phone:	Email:	
Name:		Relationship:
Phone:	Email:	

By providing the names noted above, I authorize Variety Village to contact these individuals for the purpose of obtaining a personal, volunteer and/or work reference.

VOLUNTEER INFORMATION

Please check all that apply.	<input type="checkbox"/> Student (High school)	<input type="checkbox"/> Student (Post-Secondary)	<input type="checkbox"/> Adult	<input type="checkbox"/> Retired
Are you currently a member of Variety Village? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please specify the reason for your interest in volunteering.				
How did you hear about Variety Village as a volunteer opportunity?				



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AVAILABILITY

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

COMMITMENT TYPE

<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Program Session (10/11 wks)	<input type="checkbox"/> 40 hours (High school Diploma)	<input type="checkbox"/> School Holidays	<input type="checkbox"/> As Needed
<input type="checkbox"/> Co-Op: From _____ to _____			<input type="checkbox"/> Seasonal: From _____ to _____		

VOLUNTEERING PREFERENCES

Please indicate which areas you are interested in.

Programs	Administration	Other
<input type="checkbox"/> Active Aging <input type="checkbox"/> Aquatics <input type="checkbox"/> Fieldhouse <input type="checkbox"/> LINKS <input type="checkbox"/> Outreach <input type="checkbox"/> Summer Camps	<input type="checkbox"/> Data Entry <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising <input type="checkbox"/> General Office Work <input type="checkbox"/> Reception <input type="checkbox"/> Special Events <input type="checkbox"/> VVAC Athletic Teams	<input type="checkbox"/> No Preference <input type="checkbox"/> Special Events <input type="checkbox"/> Tours <input type="checkbox"/> Volunteer Leader <input type="checkbox"/> Other: _____

SPECIALIZED SKILLS AND CERTIFICATIONS

<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> NLS	<input type="checkbox"/> Coaching	<input type="checkbox"/> Food Handlers Certificate
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Other. *Please specify:*

Briefly indicate any additional education that may be beneficial to your volunteer experience.

Summarize special skills or knowledge you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

Languages spoken:	Languages written:
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AGREEMENT & SIGNATURE

In adherence to the Personal Information Protection and Electronics Documents Act (PIPEDA) the information that Variety Village has collected on this application is strictly for internal use. This information will not be shared with any external parties. The personal information gathered from this application will be used and retained by Variety Village in connection with the assessment of this application, including checking references and verifying contact information.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I also understand that **volunteering is conditional upon satisfactory references and a Police Records Check.**

A parent or guardian signature is required if you are under the age of 18.

Name:	Signature:
First Name:	Last Name:
Signature:	Date:

Police reference check included. Yes No

I wish to complete a Police Reference Check through Variety Village at a cost of \$37.50. Yes No

POLICY

Variety Village does not, and will not, discriminate in volunteer opportunities or practices on the basis of race, colour, religion, gender, sexual orientation, national origin, age, or any other characteristic protected by Human Rights legislation.

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