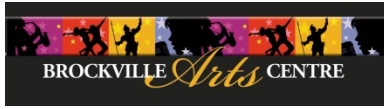




City of Brockville



Brockville Arts Centre



Brockville Museum



Brockville Public Library

Brockville Public Library

Volunteer Application Form

Applicant Information				
<input type="radio"/> New Volunteer <input type="radio"/> Returning Volunteer		<input type="radio"/> Art Centre <input type="radio"/> Museum <input type="radio"/> Public Library <input type="radio"/> Board or Committee Location Applying for: please check one Position / Board applying for:		
First Name		Last Name		
Address				
City		Province		Postal Code
Telephone No. (Home)		Telephone No. (Work)		Telephone No. (Cell)
Email Address				
Preferred method of contact: <input type="radio"/> Telephone - Home, Work or Cell _____ <input type="radio"/> Email				
Emergency Contact				Telephone No.
Languages <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other _____ <input type="radio"/> Spoken <input type="radio"/> Spoken <input type="radio"/> Spoken <input type="radio"/> Written <input type="radio"/> Written <input type="radio"/> Written				
Availability				
Please check the days and times when you are available to volunteer. Check all that apply				
Day	AM	PM	Evening	Time of Year
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All year round <input type="checkbox"/> Summer (July – August) <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – March) <input type="checkbox"/> Spring (April – June)
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
References				
I authorize the Corporation of the City of Brockville to contact the persons or organizations listed below for the purpose of obtaining reference information. Relatives are not accepted for reference purposes.				
				Applicant's initials: _____
Name	Phone No.		Relationship to Applicant (i.e., supervisor, teacher, etc)	
	Email Address			
Name	Phone No.		Relationship to Applicant (i.e., supervisor, teacher, etc)	
	Email Address			
Name	Phone No.		Relationship to Applicant (i.e., supervisor, teacher, etc)	
	Email Address			

Skills and Qualifications:	
Interests and Hobbies:	
Pertains to those applying for Boards and Committee ONLY	
Are you the owner or tenant or the spouse of an owner or tenant of land in the City of Brockville?	<input type="radio"/> Yes <input type="radio"/> No
Are you 18 years of age or older?	<input type="radio"/> Yes <input type="radio"/> No
Have you included your mandatory Criminal Record Check? :	<input type="radio"/> Yes <input type="radio"/> No
Are you legally entitled to work in Canada?	<input type="radio"/> Yes <input type="radio"/> No

Volunteer Application Forms are kept on file for six months from date of receipt.

Notice of Collection:

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2011, and in accordance with the provisions of the MFIPPA. Personal information on this form will be used to assess the applicant's eligibility for volunteer positions or qualifications for appointment to one of the various committees or boards. At no time will your personal information be disclosed without your express written consent. Questions regarding the collection, use and disclosure of this personal information may be directed to the Freedom of Information Coordinator, Clerk's Office, 1 King Street West, Brockville, ON K6V 7A5, 613-342-8772.

Declaration:

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteering, or may cause my dismissal from volunteering.

Signature: _____

Date: _____

Thank you for considering volunteering with the City of Brockville.

Please complete and return by mail, email or fax:

City of Brockville
 1 King Street, West
 P.O. Box 5000
 Brockville, ON K6V 7A5
clerk@brockville.com
 613-342-8772 ext. 4461 or 4431