

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for the purpose of deciding volunteer placement positions at the City of Oshawa. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Co-ordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

Thank you for choosing the City of Oshawa for your volunteer request. Please note that while we will make every effort to match your skills with a placement not all applicants will be successful.

How do you want to volunteer?

- Art Classes
- Drama
- Dance Classes
- Learn to Skate
- Preschool Programs
- Events (Tree Lighting, Canada Day, etc.)
- Sports Programs
- Swimming Classes
- Camps (March Break, Summer)
- Other: _____

Why do you want to volunteer?

- 40 hour Requirement (Community Involvement Hours) - Name of School: _____
- Gain experience working with people
- Have spare time
- Help others
- Make career decisions
- Meet new people
- Personal growth
- Skills/Career Development
- Other: _____

When can you volunteer?

When will you be able to start? (Start Date): _____

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available to be on call for events? Yes No

Personal Information:

Last Name:	First Name:	
Address:	City:	Postal Code:
Phone Number:	Cell Number:	Email:
Emergency Contact Name:	Relationship:	Phone Number:
Date of Birth (if under 18 years):	Education (currently attending):	Grade:
Are you 14 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you attached additional material? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Where have you volunteered/worked before?

Organization	Position or Major Responsibilities	Dates: Start/Finish

Tell us about yourself: Related skills, Trainings, Certificates, Hobbies, Spare-time Activities

--

All Volunteers must sign and submit a Volunteer Placement Form:

- I understand that I must submit and pass a Criminal Information Request, at my own expense.
- I must supply three (3) written references, such as a teacher, coach, employer, past volunteer organization, or personal.
- I give permission to the City of Oshawa to use any photos of me taken during volunteering for promotional purposes.
- I understand that I will be obligated to attend an orientation session.
- I realize that not all applicants will be successful.
- If placed, I agree to comply with my roles and responsibilities of my volunteer position.
- I agree to release and save harmless The City of Oshawa from and against all claims, actions and proceedings in respect of any damage(s) or injury that may arise out of, or be incurred by, or be sustained by myself during the term of this Volunteer Placement.

Signature of Applicant:	Date:
Signature of Parent (if applicant is under 18 years)	Date:

Please note that there are two orientations during the year: September and January.
 If volunteers are needed for summer programs a third orientation may occur in May.

Please complete this form and drop it off at one of the following locations:

Service Oshawa

50 Centre St. S

Civic Recreation Complex

99 Thornton Rd. S

South Oshawa Community Centre

1455 Cedar St.

Donevan Recreation Complex

171 Harmony Rd. N

Arts Resource Centre

45 Queen St.

Delpark Homes Centre (formerly Legends Centre)

1661 Harmony Rd.

Northview Community Centre

150 Beatrice St. E.

For Office Use Only:

Training Session Attended	Position	Entered into Databank: <input type="checkbox"/> yes <input type="checkbox"/> no
Criminal Information Request: Is form attached with application? <input type="checkbox"/> yes <input type="checkbox"/> no	Form will be provided prior to start date: <input type="checkbox"/> yes <input type="checkbox"/> No	Date Received:
Facility:	Reporting To:	Copy Forwarded To:
Comments:		