



Volunteer Application Form

Community Services Dept.

Personal Information

Name: _____

Address: _____

City: _____ Province: _____

Postal code: _____ Phone: _____

Email: _____ Date of birth: _____

Emergency contact information

Name: _____

Relation: _____ Phone: _____

What is the reason for wanting to become a volunteer? (ex. Community hours, gain skills, etc.)

Area of Interest (check all that apply):

☐ Special Events ☐ Aquatics ☐ Theatre ☐ Camps
☐ Pioneer Village ☐ Inclusion Support ☐ Other: _____

Describe any specialized training, skills or qualifications that would directly contribute to a volunteer position (ex. First aid and CPR, High Five, Safe Food Handlers certificate, etc.)

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

Signature _____ Date _____

Personal information on this form is collected under the legal authority of the Municipal Act, R.S.O.1980, C.302 as amended, and will be used to determine eligibility for employment. Further information concerning the collection of personal information should be directed to the Human Resources Manager, Town of Georgina, 26557 Civic Centre Rd., Keswick, ON L4P 3G1. Phone: 905-476-4301 Fax: 905-476-1957 georgina.ca