



## PARKWOOD GARDENS NEIGHBOURHOOD GROUP

### VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate (MM/DD/YY): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list any specific interests/ skills you might want to share with us:

---



---

Which program(s) are you interested in volunteering for? **(Please check)**

- |  |  |
|--|--|
| <input type="checkbox"/> Youth Programs (Monday to Friday late afternoon/evenings) | <input type="checkbox"/> Adult Gym (Thursday evenings) |
| <input type="checkbox"/> Clothing Closet   | <input type="checkbox"/> Daytime Programs              |
|  | <input type="checkbox"/> Committees                    |

If you checked “**Youth Programs**” above, please check the age group(s) you are interested in working with?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Grades K/1   | <input type="checkbox"/> Grade 7/8      |
| <input type="checkbox"/> Grade 2/3    | <input type="checkbox"/> Grades 9/10/11 |
| <input type="checkbox"/> Grades 4/5/6 |   |

Would you be interested in volunteering with any of our Special Events? **(Please check)**

- Parent’s Night Out/ Winterfest
- Community BBQ
- Quarter Auction Fundraiser

How often would you be interested in volunteering? **(Please check)**

- |  |  |
|--|--|
| <input type="checkbox"/> Once a Week   | <input type="checkbox"/> Once a Month        |
| <input type="checkbox"/> Twice a Month | <input type="checkbox"/> Special Events only |

Please indicate on the chart below your availability to volunteer. **(Please put times available)**

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9 – 12					
Afternoon 1 – 5 p.m.					
Evening 6 – 9 p.m.					

Please provide the **name** and **phone number and/or email** of 2 references (i.e. previous/present employer; volunteer supervisor; teacher; etc.) that may be contacted.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**ALL THE STATEMENTS MADE BY MYSELF ON THIS APPLICATION FORM ARE CORRECT. I UNDERSTAND THAT MY REFERENCE WILL BE CONTACTED BY PARKWOOD GARDENS NEIGHBOURHOOD GROUP.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### **CONFIDENTIALITY AGREEMENT**

In the course of your volunteer service you may learn or be exposed to **PERSONAL** and **CONFIDENTIAL** information.

Volunteers having knowledge of confidential information or having access to such information must protect and maintain the client's privacy. Volunteers may not discuss confidential and personal information with any other persons not concerned with such information, or with individuals or groups outside the organization. For example, it is not acceptable to discuss personal information regarding individual children/families in the programs or information related to any incidents that occur during the program with anyone else who is not directly involved in the program with you.

**I have read and understand that all client information to which I have access is confidential and I agree that I will not disclose such information.**

Volunteer's Name: (please print) \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information (allergies, etc.): \_\_\_\_\_

---

*Please provide an emergency contact name and phone number. This information will be kept in the Program Binders at the site where you are participating in program.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The personal information on this form is collected in accordance with the Municipal Act and the Municipal Freedom of Information and Protection of Privacy Act. R.S.O 1990 for the purpose of the administration of the Neighbourhood Group. Questions regarding this collection should be directed to the Information, Privacy and Records Coordinator, City Hall: 519-822-1260 ext 2439