



Active Living & Culture
 1800 Parkinson Way
 Kelowna, BC V1Y 1J4
 250-469-8800
 kelowna.ca

Volunteer Application FORM

DETAILS - OFFICE USE

| | |
|------------|---|
| App. Rec: | Volunteer #: |
| Int. Date: | <input type="checkbox"/> Program Volunteer |
| CRC Date: | <input type="checkbox"/> Community Access Assistant |

Thank you for your interest in becoming a volunteer with City of Kelowna, Recreation & Culture. The information on this form will help us to find the most satisfying and appropriate volunteer placement for you. Please return this form to the office at the Parkinson Recreation Centre.

APPLICANT INFORMATION

| | | | |
|-----------------------|--------|--|--|
| Name: | | Age: | |
| | | <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-29 <input type="checkbox"/> 30+ | |
| Address & Postal Code | | Birthdate: | |
| | | | |
| Area: | Phone: | Have you been convicted of any offense of which a pardon has not been granted? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Email: | | You will be required to submit a criminal record search. Do you have any objection? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EXPERIENCE

Please complete in point form

| |
|--|
| Reason for volunteering: |
| |
| Previous volunteer or work experience: |
| |
| Interests and hobbies: |
| |
| Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Company Name: Duties: Supervisor's Name: Supervisor's Phone Number: |
| Certifications or other specific training (i.e. first aid, CPR, fitness, coaching, college, university): |
| |

INTEREST

| | | | | | | |
|---|---|--|---|---|---|--|
| What kind of volunteer would you like to be? | | | | | | |
| <input type="checkbox"/> Community Access Volunteer (1-1) | | | <input type="checkbox"/> Program Volunteer (within program) | | | |
| What population would you like to work with? | | | | | | |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Children | <input type="checkbox"/> Teens | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Disabled | |
| What is your area of interest? | | | | | | |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Adaptive prog. | <input type="checkbox"/> Arts & crafts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Dance | <input type="checkbox"/> Fitness | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Preschool prog. | <input type="checkbox"/> Children's prog. | <input type="checkbox"/> Youth prog. | <input type="checkbox"/> Sports | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fitness Centre Monitor | <input type="checkbox"/> Culture and/or Heritage |

EMERGENCY INFORMATION

| | |
|--|--------|
| Name: | Phone: |
| | |
| Do you have any medical conditions that might affect your volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please explain: | |

REFERENCES

| Name: | Relationship: | Phone Number: | Alternate Phone Number: |
|-------|---------------|---------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

STATEMENT

I hereby certify that all statements made in respect of my application are true. I agree and understand that any misstatements of material facts in my application will forfeiture on my part all rights to volunteer with the City of Kelowna. I also acknowledge that Recreation & Cultural Services is not obligated to use my services as a volunteer in any way.

Signature: _____ Date: _____

Notice of collection of Personal information

I, _____, authorize the City of Kelowna to collect personal information for the purpose of processing this application and for administration and enforcement, and to verify the character references I have supplied.. Personal information on this form is collected under the authority of the Municipal Act, R.S.B.C. 1996, c323 and the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c165 and is necessary for the operation of the City of Kelowna, Sport & Recreation programs and related activities. I understand that the information obtained will be confidential and kept in a secure area.

Signature: _____ Date: _____

Questions about the collection of this information are to be directed to the Recreation Services Manager, Parkinson Recreation Centre, 1800 Parkinson Way, Kelowna BC V1Y 4P9, 250 469-8800.

CHECK OFF ALL THAT APPLY TO YOUR VOLUNTEERISM

| | |
|--------------------------|--|
| <input type="checkbox"/> | Aquatic Bronze Cross |
| <input type="checkbox"/> | Aquatic Bronze Medallion |
| <input type="checkbox"/> | Aquatic NLS (National Lifeguard Service Award) |
| <input type="checkbox"/> | Aquatic WSI (Water Safety Instructor) |
| <input type="checkbox"/> | Babysitting Certification |
| <input type="checkbox"/> | Career Prep |
| <input type="checkbox"/> | CEA Course (Certified Education Assistant) |
| <input type="checkbox"/> | Coaching Level I |
| <input type="checkbox"/> | Coaching Level II |
| <input type="checkbox"/> | Coaching Level III |
| <input type="checkbox"/> | Computers |
| <input type="checkbox"/> | Disability & Adaptive Sport Knowledge |
| <input type="checkbox"/> | Familiar with Disabilities |
| <input type="checkbox"/> | First Aid Certificate |
| <input type="checkbox"/> | Fitness Certification |
| <input type="checkbox"/> | Food Safe |
| <input type="checkbox"/> | Gymnastics |
| <input type="checkbox"/> | Human Service Worker |
| <input type="checkbox"/> | Languages: |
| <input type="checkbox"/> | Lifesaving Instructor |
| <input type="checkbox"/> | Lifesaving Swim Instructor |
| <input type="checkbox"/> | Photography |
| <input type="checkbox"/> | Practicum Placement |
| <input type="checkbox"/> | Project Placement |
| <input type="checkbox"/> | Rehabilitation Worker |
| <input type="checkbox"/> | Sign Language |
| <input type="checkbox"/> | Special Event Planning |
| <input type="checkbox"/> | Sports Knowledge |
| <input type="checkbox"/> | Sports Organization |
| <input type="checkbox"/> | Sports Venue Knowledge |
| <input type="checkbox"/> | Staging Set up/ Take down |
| <input type="checkbox"/> | YMCA Swim Instructor |
| <input type="checkbox"/> | Other |

Additional comments/information: