



Volunteer Application Form

Volunteer opportunities are dependent on Program requests and Special Event requirements. Therefore placement / hours cannot be guaranteed. The City of Pickering reserves the right to discontinue Volunteer Placements at any time. Only applicants that are being considered will be contacted.

Name: _____ Phone #: _____

Address: _____ Apt./Unit: _____

Town/City: _____ Postal Code: _____

Are you over 14 years of age? Yes _____ NO _____
(Minimum requirement: Grade 9)

In Case of Emergency Contact:

Name: _____

Relationship to Volunteer? _____

Home Phone #: _____ Business Phone # _____

Why do you want to Volunteer with the City of Pickering, Culture & Recreation Division?

Have you had any previous Volunteer experience?

What area(s) are you interested in?

City Special Events: _____
Leisure Buddy (Special Needs): _____

Teen Programs: _____

Please list your Educational / Personal Achievements:

Please list any special skills / hobbies you may have that would relate to this placement:

Please list the days and times you would be available:

Week Days: _____

Week Nights: _____

Weekends: Saturday _____

Sundays _____

PLEASE ATTACH 2 LETTERS OF REFERENCE & COMPLETED CRIMINAL REFERENCE CHECK

Thank you for considering a Volunteer Opportunity with the City of Pickering, Culture & Recreation Division.

FOR OFFICE USE ONLY:

Date Received: _____ **Interview Date/Time:** _____

Criminal Reference Check attached: _____

2 Letters of Reference attached: _____

Comments: _____

"Personal information collected on the form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act".