

Town of Petawawa Parks and Recreation Department

**PARKS & RECREATION DEPARTMENT**

**VOLUNTEER APPLICATION**

16 Civic Centre Road, Petawawa, Ontario, K8H 2H5 613-687-5678

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

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

Present Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

**EDUCATION**

	<b>Name of School</b>	<b>Location</b>	<b>Graduation Date</b>	<b>Course or Degree</b>
<b>High School</b>				
<b>College or University</b>				
<b>Other</b>				

**EXPERIENCE**

\*Related to desired volunteer position – please list most recent first

<b>Dates From/To</b>	<b>Name of Employer Location</b>	<b>Title/Duties</b>	<b>Supervisor</b>

Explain why you want to volunteer for the Town of Petawawa Parks & Recreation Department, and what qualities would make you an outstanding volunteer for the Town?

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**REFERENCES** (Do not include relatives)

Name	Address	Phone #	Title/Relationship

**PARKS AND RECREATION PROGRAM EXPERIENCE**

\*Please list some activities in which you have participated.

_____	_____	_____
_____	_____	_____
_____	_____	_____

**HOURS AVAILABLE TO WORK (Exact Hours)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have transportation to and from offsite programs? Yes \_\_\_ No \_\_\_

**BACKGROUND INFORMATION**

Have you provided current resume Yes  No

Have provided all current certificates or qualifications Yes  No

Have you completed a Police Record Check Yes  No

Have you completed a Vulnerable Sector Check  
(Only for those 18 years of age or older) Yes  No

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Any false statements knowingly made in this application or any misstatements, deception, fraud or omissions of material on your behalf will be cause for eliminating you from consideration for volunteering.

The information I have provided may be verified, and I give permission to the Town of Petawawa to conduct a check of criminal land/or drivers' license records, and to make inquiry of others concerning suitability to act as a volunteer. I affirm that I have read the above and that the information I have given is true and complete.

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE (MM/DD/YYYY)

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**SECTION FOR OFFICE USE ONLY**

\_\_\_\_\_  
PRINT NAME TITLE DATE (MMM/DD/YYYY)

COMMENTS: