



**PORT COLBORNE
VOLUNTEER APPLICATION 2018**

Please indicate which event you would like to volunteer for, check all that apply:

<input type="checkbox"/> Canada Day (July 1)	<input type="checkbox"/> Canal Days Marine Heritage Festival (August 3,4,5,6)	<input type="checkbox"/> Roselawn Centre
<input type="checkbox"/> Community Safety Day (May 26)	<input type="checkbox"/> New Year's Eve Family Celebration (December 31)	<input type="checkbox"/> Berkley B1 Canadian Bass Open Tour (August 9,10,11)
<input type="checkbox"/> Easter Eggstravaganza	<input type="checkbox"/> Santa Claus Parade (December 1)	<input type="checkbox"/> Sportsfest
<input type="checkbox"/> Public Library	<input type="checkbox"/> Historical & Marine Museum	<input type="checkbox"/> Other City Events

Please indicate point of interest for volunteering:

(Check all that apply) *NOTE: Some areas require certification, heavy lifting and or standing or sitting for long periods of time*

<input type="checkbox"/> Bar Service	<input type="checkbox"/> Ambassador/Information Liaison	<input type="checkbox"/> Entry Gates
<input type="checkbox"/> Bar Service Backline	<input type="checkbox"/> Brochure Distribution	<input type="checkbox"/> Marshalling
<input type="checkbox"/> Ticket Booth/Sales	<input type="checkbox"/> Games or Activities	<input type="checkbox"/> Environmental Steward

Personal Information:

Name _____ <small>First Last</small>		Age (if under 18) _____
Address _____ <small>Number Street City</small>		Postal Code _____
Cell Phone _____	Email _____	Shirt Size: _____
Home Phone _____	Current Place of Work (optional) _____	Willingness for Strenuous work () Yes () No

Please indicate valid certification and/or training you have completed, check all that apply:

<input type="checkbox"/> Smart Serve # _____	<input type="checkbox"/> Police Check (Vulnerable Sector) Date _____	<input type="checkbox"/> Valid First Aid Exp. _____
<input type="checkbox"/> Valid CPR Exp. _____	<input type="checkbox"/> Bill 168 Trained Date _____	<input type="checkbox"/> Other List _____

For details, call Volunteer Coordinator 905-835-2901 ext. 566 or email: volunteers@portcolborne.ca

Signature _____ <small>Parent signature required if under 18 years of age</small>	Date _____ <small>DD/MM/YYYY</small>
--	---

NOTE: All information in this application will be kept confidential according to the Municipal Act, 2001, S.O.2001, c.25

Please return completed application to: Community Services - Roselawn Centre
296 Fielden Avenue, Port Colborne, ON L3K 4T6