



We appreciate your interest in volunteering with the City of Hamilton, Recreation Division. Please complete the following application:

Applicant Information:			
Name		Date of Birth	
E-mail		Phone	
Address		City/Postal Code	

Select those that apply to you

	Certification/Training/Experience
Standard First Aid with CPR-C	<input type="checkbox"/> Expiration Date: _____
Aquatics	<input type="checkbox"/> Currently enrolled or completed Bronze Medallion or higher within the last year <i>(these are prerequisites to be considered for volunteering)</i>
Leadership Experiences	<input type="checkbox"/> Babysitting <input type="checkbox"/> Completed LIT course in past
Program Skills <i>(fitness, High Five, early childhood training, swimming level, art/music levels, dance/sport experience)</i>	

Please select one district and rank locations according to preference:

<input type="checkbox"/> District 1	<input type="checkbox"/> District 2	<input type="checkbox"/> District 3	<input type="checkbox"/> District 4	<input type="checkbox"/> District 5
Bennetto	Ancaster Aquatic	Bernie Morelli	Dominic Agostino Riverdale	Hill Park
Dalewood	Ancaster Rotary	Central Memorial	H. G. Brewster	Huntington Park
Dundas CC	Sir Allan MacNab	Jimmy Thompson	Sir Wilfrid Laurier	Valley Park
Dundas Pool	Westmount	Norman Pinky Lewis	Stoney Creek	
Kanétskare		Sir Winston Churchill	Winona	

Acknowledgement of Volunteer Responsibilities and Consent to Share Information

I understand that volunteer opportunities are limited, and that volunteers will not be left alone with participants, access participant information, handle cash/payments or be compensated in any way. I further understand that by completing the application, there is no guarantee of volunteer placement and that applications require further review and are subject to facility needs.

I understand that if my application is matched to a facility need, I will be required to meet with the centre full time staff to discuss goals and complete a building orientation.

I understand that upon acceptance of a volunteer placement I am required to obtain a Police Vulnerable Sector Check (over 18) or a Police Information Check (under 18) at my own expense prior to volunteering.

I authorize for my personal information provided on this application to be shared with the facilities identified.

Volunteer Signature: _____

Submit Application

This section must be completed for volunteers under the age of eighteen (18) years.

Parent/ Legal Guardian's Name (First and Last):

Signature: _____

Date: _____