



**PORT COLBORNE
VOLUNTEER APPLICATION**

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

<input type="checkbox"/> Canada Day July 1, 2017	<input type="checkbox"/> Canal Days Marine Heritage Festival August 4-7, 2017	<input type="checkbox"/> Roselawn Centre
<input type="checkbox"/> Community Safety Day May 2017	<input type="checkbox"/> New Year's Eve Family Celebration December 31, 2017	<input type="checkbox"/> Berkley B1 Canadian Bass Open Tour August 18&19, 2017
<input type="checkbox"/> Easter Eggstravaganza April 15, 2017	<input type="checkbox"/> Santa Claus Parade December 2, 2017	<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"/> Face Painting
<input type="checkbox"/> Ticket Booth/Sales	<input type="checkbox"/> Brochure Distribution	<input type="checkbox"/> Marshalling
<input type="checkbox"/> Entry Gates	<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/Home _____	Email _____
Shirt Size: _____	

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. 532 or email: volunteers@portcolborne.ca

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