



Volunteer Application

Thank you for your interest in volunteering with the City of Sault Ste. Marie's Recreation and Culture Division. Many of our programs could not be provided without the dedication and commitment of our volunteers. Please note all volunteers must be 16 years of age or older.

Contact Information

Name:

Address:

Phone Number:

Email:

Date of Birth:

Languages (Spoken and written):

Emergency Contact

Name:

Phone Number(s):

Relationship:

Employment Status

Status: Full Time Part Time Retired

Organization:

Position:

Education Status

Status: Full Time Part Time

School:

Program:

Are you completing mandatory community involvement hours for your Ontario Secondary School Diploma? Yes No If yes, how many hours?

Secondary School Name:

Experience/ Skills/ Hobbies

Please tell us about yourself; your skills, training, hobbies and work/volunteer experience: (e.g. healthcare, woodworking, sports and fitness, music, dancing, event planning, food service, culinary skills, travel, etc.)

Reason for Volunteering

Career Direction

Counter Requirements

High School Hours

Social Opportunities

Resume Building

Training Opportunities

Gain Experience

Personal Satisfaction

Contribute to Community

Availability

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Full Day							
Evenings							

Preferred Opportunities

Please let us know what areas interest you: (i.e. games, kitchen, arts and crafts, health and wellness, fitness, music, cooking, recreation, social media)

Please indicate your desired location to volunteer:

Bay Street Active Living Centre 55+

Northern Community Centre 55+

References

Please provide us with two (2) references (not family or friends)

Reference 1

Name:

Phone Number:

Email:

Relationship:

Reference 2

Name:

Phone Number:

Email:

Relationship:

Additional Information

Do you have any other information you wish to share?

T-Shirt Size: (S M L XL 2X)

Acknowledgments:

All contents of this document and all information gathered during reference check will be kept in the strictest of confidence. I certify that statements made on this application are true.

Signature:

Date:

Please return this completed application in person at:

Bay Street Active Living Centre 55+

619 Bay Street

Sault Ste. Marie ON P6A 0A2

or by email at:

active55+@cityssm.on.ca