



## Volunteer Application Form:

### Participant Information:

Please Note: If under the age of 19, the form must be completed and signed by a parent or guardian.

|  |                    |                       |
|--|--------------------|-----------------------|
| Last Name:   | First Name:        | Middle Initial:       |
| Street:  |                    | Postal Code           |
| Mailing Address:   |                    |                       |
| Date of Birth:<br><div style="text-align: center; margin-top: 10px;">           _____<br/>           Year    /    Month    /    Day         </div> |                    |                       |
| Home Phone: (709)  | Cell Number: (709) | Business Phone: (709) |
| Email address:   |                    |                       |

### Volunteer Information

What is your availability?

☐ Daytime     
 ☐ Evening     
 ☐ Weekends     
 ☐ Anytime with notice

Can you provide a current valid copy of a Criminal Record and Vulnerable Sector Check?

☐ Yes     
 ☐ No

If you do not have a current Criminal Record and Vulnerable Sector Check, please complete this application and submit it. We will provide a volunteer confirmation letter to waive the Code of Conduct fee

First Aid/CPR Certificate:

☐ CPR     
 ☐ Emergency First Aid     
 ☐ Standard First Aid

### References

| Reference # 1:               | Reference #2:                | Reference #3:                |
|------------------------------|------------------------------|------------------------------|
| Name:                        | Name:                        | Name:                        |
| Position Held:               | Position Held:               | Position Held:               |
| Relationship to participant: | Relationship to participant: | Relationship to participant: |
| Home #: (709)                | Home #: (709)                | Home #: (709)                |
| Business #: (709)            | Business #: (709)            | Business #: (709)            |
| Cell #: (709)                | Cell #: (709)                | Cell #: (709)                |
| Email:                       | Email:                       | Email:                       |

**The town that says ... You're Welcome.**



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### Declaration:

I acknowledge that everything declared in this form is true and I understand that if there is any change to the information contained in this application, it is my responsibility to notify the Town of Carbonear.

Parent/Guardian Signature: (If volunteer is under 19 years of age) \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

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

The Town of Carbonear would like to thank you for your interest in volunteering with us.

Please print clearly and complete all fields.

It is important that all documents are completed as soon as possible as these documents must be on file before you can begin your volunteer experience with us. Once completed applications and documents are received, your application will then be processed and you will be contacted regarding volunteer opportunities available.

Completed Application Forms can be submitted through one of the following:

### **In Person:**

Dropped off at the main office, 256 Water Street (8:30 a.m. – 4:30 p.m.)

**Email:** [carbonear@nf.aibn.com](mailto:carbonear@nf.aibn.com)

**Mail:** Town of Carbonear

P.O Box 999

256 Water Street

Carbonear, NL A1Y 1C5

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