



BRACEBRIDGE
The Heart of Muskoka

**BRACEBRIDGE RECREATION DEPARTMENT
SUPPORT WORKER/VOLUNTEER APPLICATION FORM**

*Inquiries: Phone: 705-645-3037 Fax: 705-645-3030
Website: www.bracebridge.ca*

Support/Volunteer Worker's Name (Print): _____

Organization (if applicable): _____

Address: _____ Apt# _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Skills or training the Support Worker has to support the member / participant named below:

Paid _____ Volunteer _____

Name of Member / Participant being supported: _____

What type of support does this individual require? (i.e. assistance with mobility; dressing; emotional support; supervision etc.) _____

What is the support person's role? _____

Activities / Programs Planning to Attend: _____

Dates & Times: _____

In case of emergency contact: Name: _____

Telephone: (Home) _____ (Cell) _____ (Business) _____

Relationship to Member/ Participant: _____

Signature of Support Worker: _____

Date: _____

For office use only:

Manager Signature: _____

Date: _____

Any Required Communication: _____