



BRACEBRIDGE RECREATION DEPARTMENT APPLICATION FORM
Inquiries: Phone: 705-645-3037 Fax: 705-645-3030 Website: www.bracebridge.on.ca
VOLUNTEER APPLICATION FORM

Name: _____
 Birth date (YY-MM-DD): _____
 Address: _____ Apt# _____ City: _____
 Province: _____ Postal Code: _____
 Telephone: _____ Email: _____

In case of emergency, contact:
 Name: _____ Telephone (H) _____ (C) _____
 Relationship: _____

1. Volunteer and/or work experience: _____

2. Skills, training, interests, hobbies: _____

3. What type of volunteer placement are you looking for? _____

4. Do you have any medical conditions (e.g. severe allergies) of which the supervisor should be aware?
 If yes, please explain:

Please attach a resume (if possible) and 2-3 references (MANDATORY)
****References should include where possible, professional and personal**
(ie: teacher of whom you were a student)

Availability

1. At what times are you interested in volunteering?
 I am flexible I prefer weekdays I prefer evenings
 I prefer weekends I prefer daytimes Other: _____

2. What would you consider to be your time commitment per week?
 1 hour 2 hours 3 hours 4 hours Other: _____

Signature _____ Date _____

Thank you for your interest in volunteering!