



**BRACEBRIDGE RECREATION DEPARTMENT APPLICATION FORM**  
*Inquiries: Phone: 705-645-3037 Fax: 705-645-3030 Website: [www.bracebridge.ca](http://www.bracebridge.ca)*  
**VOLUNTEER APPLICATION FORM**

Name: \_\_\_\_\_

Birthdate (YYYY-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? Circle all that apply.

Aquatics                  Day Camp                  Special Events                  Other: \_\_\_\_\_

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

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**Availability**

1. At what times are you interested in volunteering?

\_\_\_\_\_

2. How often are you interested in volunteering?

\_\_\_\_\_

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**References**

*Reference #1*

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

*Reference #2*

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

*Reference #3 (optional)*

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in volunteering!

Please return this form to the Wellness and Aquatics Coordinator at [ajames@bracebridge.ca](mailto:ajames@bracebridge.ca)