

Recreation and Parks Volunteer Application



The Corporation of the City of Mississauga
Community Services Department
201 City Centre Drive, Suite 900
Mississauga, ON L5B 2T4
Phone: 905-896-5326, FAX: 905-615-3554
www.mississauga.ca/volunteer

Personal information on this form is collected under the authority of the Municipal Act 2001, SO 2001.c.25. The information will only be used to select appropriate volunteers for the City's recreational programs. Questions about the collection of personal information only should be directed to the Recreation Analyst/Community Development/Volunteers, Community Services Department, City of Mississauga, 201 City Centre Drive, Mississauga, Ontario, L5B 2T4. Telephone: 905-896-5326.

ATTENTION APPLICANT

We appreciate your interest in volunteering with the City of Mississauga. The volunteer positions you are applying for are City-run programs only. To better define your interests, refer to the Active Mississauga Brochure available at all community centres. Focus areas are generally Aquatics, Arts (general and workshops), Camps, Youth activities, Dance, Drama, Music, Skating, Special interest.

Be as specific as you can - the more information the better. Completed applications can be returned to any Recreation and Parks Community Centre, placed in a Community Centre drop box, by fax, or enclosed in an envelope and mailed to the attention of "Recreation Analyst, Community Development/Volunteers," at the address above.

APPLICANT NAME	Last	First
Address	City	Postal Code
Telephone (Residence)	Telephone (<input type="checkbox"/> Cell <input type="checkbox"/> Business)	
Fax	EMail	

VOLUNTEER SPECIFICS

What age group(s) would you like to work with? <input type="checkbox"/> preschool (2-5) <input type="checkbox"/> children (5-12) <input type="checkbox"/> youth (12-17) <input type="checkbox"/> adults <input type="checkbox"/> combination (explain) <input type="checkbox"/> other duties if not in programs		
What location(s) in the City would you prefer to volunteer in? (rank your preferences from 1 to 3 with 1 being your first choice)		
_____ Benares Museum	_____ Clarkson	_____ Iceland
_____ Bradley Museum	_____ Erin Meadows	_____ Malton
_____ BraeBen Golf Course	_____ Erin Mills	_____ Meadowvale
_____ Burnhamthorpe	_____ Frank McKenchie	_____ Meadowvale Four Rinks
_____ Cawthra	_____ Hershey Centre	_____ Mississauga Seniors' Centre
_____ Civic Centre	_____ Huron Park	_____ Mississauga Valley
_____ Lakeview Golf Course	_____ Port Credit	_____ River Grove
_____ South Common	_____ Tomken	
What types of volunteer opportunities are you looking for? <hr/> <hr/>		
What relevant work and/or volunteer experience do you have in the recreation field? (attach resume if desired)		
Position	Agency	Length of time
Position	Agency	Length of time
What time of day would you prefer to volunteer? <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening		
What days of the week? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		How many hours per day?
When would you be available? Start date _____ Until _____		

CERTIFICATIONS AND SKILLS

Check all current certificates, courses and skills that apply to you					
<input type="checkbox"/> Bronze Medallion	cert. date _____	<input type="checkbox"/> Red Cross Instructor	cert. date _____		
<input type="checkbox"/> Bronze Cross	cert. date _____	<input type="checkbox"/> Lifesaving Society Instructor	cert. date _____		
<input type="checkbox"/> First Aid (type) _____	cert. date _____	<input type="checkbox"/> Other Aquatic/Swimming _____	cert. date _____		
<input type="checkbox"/> Fitness (specify) _____	cert. date _____	<input type="checkbox"/> AED (level) _____	cert. date _____		
<input type="checkbox"/> CPR (specify) _____	cert. date _____	<input type="checkbox"/> NLS	cert. date _____		
Skills					
<input type="checkbox"/> dance	<input type="checkbox"/> music	<input type="checkbox"/> crafts	<input type="checkbox"/> receptionist	<input type="checkbox"/> research	Other (specify) _____
Courses					
<input type="checkbox"/> Leader-in-training (<input type="checkbox"/> level 1 <input type="checkbox"/> level 2)					
<input type="checkbox"/> Aquatics Leaders (completion date) _____					
<input type="checkbox"/> Other (list) _____					
List other recreation interests that you may have:					

AUTHORIZATIONS AND REFERENCES

References			
References are necessary; your application will not be considered without them!			
Please list THREE references (no relatives) i.e. teacher, employer, last place you volunteered etc. References may be contacted following an interview if the candidate is being considered.			
The applicant's signature (below) authorizes the City of Mississauga to contact the following persons for reference purposes (only).			
Name	Occupation/Relationship to you	Phone No.	Contact during:
_____	_____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Evening
_____	_____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Evening
_____	_____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Evening

Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

APPLICANT'S Signature	Date	Year	Month	Day
Note: Only those persons who are 14 or older are eligible to be volunteers with the City of Mississauga. In addition, anyone who is under the age of 16 requires the consent of their parent/guardian.				
Parent / Guardian Name				
Parent / Guardian Signature	Date	Year	Month	Day
Parent / Guardian Phone No.		Day	Evening	