



Volunteer Placement Form

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for the purpose of deciding volunteer placement positions at the Township of Scugog. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

Thank you for choosing the Township of Scugog for your volunteer request. We hope your volunteer placement with us will be a positive and fulfilling experience for you as well as for the Township of Scugog. We look forward to working with you.

Which events are you available to volunteer?

- Canoe the Nonquon** – Saturday, June 2
- Dragon Boat Races** – Saturday, June 16
- Canada Day in Palmer Park** – Sunday, July 1
- Dog Days of Summer** – Saturday, July 21 – Sunday, July 22
- Craft Beer Festival** – Saturday, August 11
- Brits on the Lake** – Sunday, August 12
- Ribfest** – Saturday, July 28 – Sunday, July 29
- Movie Nights in the Park** – August evenings
- Blackstock Fair** – Saturday, August 25 – Sunday, August 26
- Port Perry Fair** – Saturday, September 1 – Monday, September 3

Why do you want to volunteer?

- 40 hour Requirement (Community Involvement Hours) - Name of School:
- Gain experience working with people
- Have spare time
- Help others
- Make career decisions
- Meet new people
- Personal growth
- Skills/Career Development
- Other:

When can you volunteer?

When will you be able to start? (Start Date):

Days Available:

Times Available:

Personal Information:

Last Name:		First Name:	
Address:		City:	Postal Code:
Phone Number:		Cell Number:	Email:
Emergency Contact Name:		Relationship:	Phone Number:
Date of Birth (if under 18 years):		Education (currently attending):	Grade:
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you attached additional material? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Where have you volunteered/worked before?

Organization	Position or Major Responsibilities	Dates: Start/Finish

Tell us about yourself (Related skills, Trainings, Certificates, Hobbies, Spare-time Activities):

All Volunteers must sign and submit a Volunteer Placement Form:

- I understand that I must submit and pass a Criminal Information Request, at my own expense.
- I must supply three (3) written references, such as a teacher, coach, employer, past volunteer organization, or personal.
- I give permission to the Township of Scugog to use any photos of me taken during volunteering for promotional purposes.
- I understand that I will be obligated to attend an orientation session.
- I understand and agree to comply with my roles and responsibilities of my volunteer position.

Signature of Applicant:	Date:
Signature of Parent (if applicant is under 18 years)	Date:

Please complete this form and drop it off at the following locations:

Township of Scugog

181 Perry Street, PO Box 780

Port Perry, ON L9L 1A7

For Office Use Only:

Position		Entered into Databank: <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Information Request: Is form attached with application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Form will be provided prior to start date: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:
Facility:	Reporting To:	Copy Forwarded To:
Comments:		