

**55 Plus COMMUNITY Programs**

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OLDER ADULT UNIT  
 RECREATION & CULTURE DIVISION  
 700 River Street  
 Thunder Bay, ON P7A 3S6  
 (807) 684-3066

**VOLUNTEER APPLICATION FORM**

Interested in Volunteering for:  55 Plus COMMUNITY Activator

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  M  F

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
 \_\_\_\_\_  
*City* *Prov* *Postal Code*

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**EXPERIENCE**

**Reason for volunteering with 55 Plus COMMUNITY Programs:**

**Previous volunteer or work experience:**

**Interests and hobbies:**

**How did you find out about volunteering with 55 Plus COMMUNITY Programs?**

- |                                       |                                  |                                          |
|---------------------------------------|----------------------------------|------------------------------------------|
| <input type="checkbox"/> Media        | <input type="checkbox"/> Poster  | <input type="checkbox"/> Friend          |
| <input type="checkbox"/> City Website | <input type="checkbox"/> The Key | <input type="checkbox"/> 55 Plus Centres |
| <input type="checkbox"/> Staff        | <input type="checkbox"/> School  | <input type="checkbox"/> Other _____     |

**Are there any physical limitations or health issues you feel we should be aware of which might affect your volunteer placement?**

Any other information that would be of interest:

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**CONSENT AND AUTHORIZATION FOR REFERENCE CHECK**

Please list 3 references. **Please note that relatives are not accepted for reference purposes.**

**- References will be checked. -**

I authorize The Corporation of the City of Thunder Bay Older Adult Unit to contact the organizations listed for the purpose of obtaining reference information. These organizations are authorized to disclose such information:

| NAME | RELATIONSHIP TO YOU | PHONE NUMBER |
|------|---------------------|--------------|
| 1.   |                     |              |
| 2.   |                     |              |
| 3.   |                     |              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <ul style="list-style-type: none"><li>▪ I give permission to the Older Adult Unit to contact my references</li><li>▪ I give permission to use photos of me taken during volunteering for promotional purposes</li><li>▪ I understand that individuals interested in volunteering with the Older Adult Unit are required to attend an orientation session.</li><li>▪ I understand that I will be contacted whether or not I am a successful volunteer candidate</li></ul> |            |
| SIGNATURE OF APPLICANT _____                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE _____ |

**FOR OFFICE USE ONLY:**

COMMENTS:

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PLACEMENT DATE:

*Personal information on this form is collected under the authority of the Ontario Municipal Act, R.S.O. (as amended), and will be used to determine eligibility for volunteer positions. Questions about this collection can be directed to the Community Program Developer - Older Adults, Thunder Bay 55 Plus Centre, 700 River Street, Thunder Bay, Ontario, P7A 3S6 Telephone 684-2403*