

**55 PLUS COMMUNITY PROGRAMS  
VOLUNTEER APPLICATION**



RECREATION & CULTURE  
DIVISION

Phone: 807-625-3135  
Email: [jhyytiainen@thunderbay.ca](mailto:jhyytiainen@thunderbay.ca)  
Fax: 807-345-1612

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

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

1. Please indicate any previous employment or training that you feel may be beneficial to your volunteer placement.

\_\_\_\_\_  
\_\_\_\_\_

2. What previous volunteer experience do you have and where?

\_\_\_\_\_  
\_\_\_\_\_

3. What are your reasons for volunteering?

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK OFF AREAS OF INTEREST FROM THE LIST BELOW**

- |  |   |
|--|---|
| <input type="checkbox"/> Superior Hearing Walks<br>Tuesday p.m. / Friday a.m.<br>September - May | <input type="checkbox"/> Retirement Explorers<br>Friday p.m.<br>September - May |
| <input type="checkbox"/> FABS – Fun Active Babes<br>Times vary<br>Ongoing throughout the year    | <input type="checkbox"/> Sunday Entertainment<br>Sunday p.m.<br>September - May |
| <input type="checkbox"/> Aqua Energizers<br>Tuesday and Thursday a.m.<br>July and August         | <input type="checkbox"/> Softball<br>Thursday a.m.<br>May - September           |
| <input type="checkbox"/> Northwest Seniors Games<br>Monthly meetings<br>Games in June            | <input type="checkbox"/> Outdoor Spring Walks<br>a.m.<br>June                   |

Other: \_\_\_\_\_

OVER >>

**In case of an emergency, the person below may be contacted:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_ Other Number \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
\_\_\_\_\_

**YES! I would like my email to be added to the monthly E-Newsletter list.**

**PHOTO RELEASE**

I hereby consent to the use of any photographs or portraits which have been taken or about to be taken by, or on behalf of the Older Adult Unit for publicity and promotional purposes. I waive claims for compensations for such use or for damages.

Yes, I consent to having my picture taken.

No, I do not consent to having my photo taken.

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

*Personal information on this form is collected under the authority of the Municipal Act and will be used to determine eligibility for volunteer positions and to maintain a record of volunteer information. Questions about the collection of personal information may be directed to:*

Older Adults Unit  
Recreation, Culture & Municipal Child Care Division – Community Services Department  
700 River St. Thunder Bay, ON P7A 3S6  
Tel. 807-684-3066

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**OFFICE USE ONLY**

Placement Date: \_\_\_\_\_ Area: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_