

VOLUNTEER APPLICATION FORM

THUNDER BAY 55 PLUS CENTRE
 700 River St.
 Thunder Bay, ON P7A 3S6
 PH: 684-3277 FAX: 345-1612
 Email: thetrick@thunderbay.ca



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. Please list your hobbies and interests (i.e. Crafts, Typing, Gardening, Travel)

4. Are you comfortable handling cash and/or using a cash register? **YES** **NO**

5. Do you write/speak any other language? **YES** **NO**
 If yes, please specify: _____

6. Please indicate when you are available.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

My time is flexible I am only available when indicated

PLEASE CHECK OFF AREAS OF INTEREST FROM THE LIST BELOW

Centre Opportunities

- Library
- Yard Work – Grass cutting, plants etc.
- Flower Planting/Maintenance
- Income Tax Volunteer (seasonal)
- Set-up Crew
- Gift Shop
- Window Washing

Administration

- Information Desk
- Money Counters
- Office Assistant
- Volunteer Program Database Assistant

Committee Work

- Centre Board of Directors
- Computer Management Team
- Northwest Senior Games
- Centre Committees – Activity, Events, Marketing

Recreational

- Activity Convenor
- Weekly Dances – kitchen, door
- Bingo Caller

River Street Café

- Kitchen – food preparation
- Dishwasher
- Café Cashier
- River Street Café Board of Directors

Support Services – In the community

- Friendly Visiting Program
- Walk-A-Bit Program
- Telephone Assurance Program

Health and Wellness

- Blood Pressure Receptionist
- Good Food Box Orders and Pick up

Community Programming – In the community

- Walking Programs – Dome in the Fall/Winter and outside in the Spring/Summer

Special Events

I would like to be added to the Special Events Contact List **YES** **NO**

♦ *This list is used to call volunteers when planning for Fundraising and Special Events*

What are your reasons for volunteering?

How did you find out about volunteering with the Thunder Bay 55 Plus Centre?

- Media
- City Website
- Staff
- Poster
- The Key
- Other: _____
- Friend
- Volunteer Thunder Bay!

CONSENT AND AUTHORIZATION FOR REFERENCE CHECK:

I authorize The Corporation of the City of Thunder Bay, Volunteer Program, Thunder Bay 55 Plus Centre, to contact the persons or organizations listed below for the purpose of obtaining reference information.

Signature: _____ Date: _____

FAMILY/RELATIVES ARE NOT ACCEPTED FOR REFERENCE PURPOSES.

1. Reference Name: _____ Phone #: _____

Relationship to you: _____

2. Reference Name: _____ Phone #: _____

Relationship to you: _____

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

Name: _____ Telephone: _____

Relationship to you: _____ Other number _____

Address: _____ Postal Code: _____

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 this collection of personal information can be directed to the Community Services Department, Recreation Division, Older Adult Unit, c/o 700 River Street, Thunder Bay, Ontario, P7A 3S6 at **684-3163**.

OFFICE USE ONLY

Interviewer: _____ Date: _____

Comments: _____

Volunteer Checklist in file Y N Date started: _____