## 55 PLUS VOLUNTEER PROGRAM APPLICATION

55 Plus Centre • Support Services • Community Programs

700 River Street • Thunder Bay, ON • P7A 3S6

Phone: 684-3277 Fax: 345-1612 Email: tessa.hettrick@thunderbay.ca



RECREATION & CULTURE DIVISION

## GENERAL INFORMATION

FIRST NAME		SURNAME			
ADDRESS  PHONE NUMBER		CITY	POSTAL CODE		
		EMAIL			
DATE OF BIRTH USE OF CAR YES	□ NO				
PREVIOUS VOLUNTEER/WO	RK EXPERIENCE	<u> </u>			
ORGANIZATION POSITIO		R MAJOR RESPONSIBILITIES	DATES: START/FINISH		
Special Skills, Training, Certific	ates, Hobbies, Spa	are-time Activities			
Are there any physical limitations volunteer placement? (e.g. alle			which might affect your		
Consent and Authorization for Please list 3 references (i.e. clergy, references required. Family /relations	neighbour, coach, em		d - personal and professional		
References will be checked I authorize The Corporation of the listed for the purpose of obtaining information:					

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

PLEASE CHECK OFF AREA	AS OF INTERI	EST FR	OM THE LIST BELOW	V	
55 PLUS CENTRE	*Majority of t	hese o	pportunities are for t	hose 55 or old	er
General Opportunities					
( ) Library		( )	Gift Shop	( )	Set-up Crew
( ) Information Desk		( )	Office Assistant		
River Street Café					
( ) Kitchen – food prepara	ation	( )	Café Cashier	( )	Dishwasher
Board and Committee Work					
( ) Centre Board of Direc	tors	( )	River Street Café Foo	od Board	
Centre Committees		` ,			
( ) Activity Committee		( ) Ev	ents Committee		arketing Committee
( ) House and Grounds		( ) Vc	olunteer Advisory	( ) Ar	t Committee
Seasonal					
( ) Income Tax Volunteer	•	( )	Yard Maintenance –	Grass cutting e	tc.
SUPPORT SERVICES	*Opportunitie	es avail	able to those 18 or o	lder	
( ) Friendly Visiting		( )	Telephone Assurance	e ()	Walk A Bit
( ) Snow Angels Program		( )			Food Box, Expo, Clinics)
*Police Record Checks are	required for s	some S	upport Service positi	ions, costs are	e covered by us.
COMMUNITY PROGRAMS	*Opportunitie	es are f	or those 55 or older		
( ) Walking Programs – ii				; ()	<b>NW Senior Games</b>
( ) General Activity Assis					asonal activities
( ) YES! I would like to be ac	ded to the Sp	ecial Ev	vents Contact List		
This list is used to call volunte	•			cial Events	
()YES! I would like my nam	ne added to the	a Month	dy F-Newsletter List		
,	ic added to the	CIVIOTILI	ily L-INCWSICITOT LIST		
PHOTO RELEASE	,				
					en or about to be taken by
compensations for suc			city and promotional p	ourposes. i waiv	e claims for
·		J	,		
□ Yes, I consent to having my					
□ No, I do not consent to havi	ing my photo t	aken			
Applicants signature				Date	
FOR OFFICE USE ONLY					
Placement Date:			PRC Review		
Area:			Supervisor/0	Convenor:	
Comments:					
Personal information on this form is col	lected under the au	thority of t	he Municipal Act and will be us	ed to determine clici	hility for volunteer positions and to

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**.