



**WILMOT AQUATIC CENTRE
VOLUNTEER APPLICATION FORM**

PERSONAL DATA:

(Please PRINT clearly and answer all questions fully. Incomplete applications may not be considered)

LAST NAME: _____ GIVEN NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

EMAIL ADDRESS: _____

****You MUST participate in an on-line training that will take up to an hour. It will be sent to this email address. The training is valid for one year.****

EMERGENCY CONTACT DATA (please list two)

1. Name _____ Best phone # to reach _____
Relationship _____ Secondary phone # _____

2. Name _____ Best phone # to reach _____
Relationship _____ Secondary phone # _____

- | | | |
|---|-----|----|
| * Are you between 13 (completed Grade 8) and 17 years of age? | YES | NO |
| * Do you hold a level 10 badge/ Star Patrol or equivalent? | YES | NO |
| * Do you hold a Bronze Star certification or higher? | YES | NO |
| * Are you available to volunteer for the entire session for which you are applying? | YES | NO |
| * Is this to complete your Swim Apprentice hours? | YES | NO |
| * Is this to complete your High School Volunteer Hours? | YES | NO |

Volunteers must complete an application for each session that they wish to volunteer.

I am applying for: Winter SPRING SUMMER FALL

Please list the days, start and finish times that you are available to volunteer at Wilmot Aquatic Centre: The Township of Wilmot requires that Aquatic volunteers attend the full session in which they are volunteering. This is usually an 8 to 9 lesson series. This is to be fair to the program participants. You will be working with children and at times you may developed a better bond with the children and you may play a key role in their success. We understand illness or last minute conflicts may occur, please ensure you contact the facility in advance.

Turn over.....

Cell Phone Usage

While at Wilmot Recreation Complex, volunteers are expected to refrain from personal use of cellular phones.

Training

All Township of Wilmot, Aquatic Division volunteers will be required to attend a yearly volunteer orientation. Please register for and orientation session using the online program registration at www.wilmot.ca. Or contact Customer Service at 519-634-9222.

Volunteer Release

I hereby apply to Township of Wilmot to serve as an Aquatic volunteer. I certify that all of the information provided by me on this form is correct and true. I understand that the act of applying does not guarantee a volunteer position and that Township of Wilmot reserves the right to decline an application for any reason.

Name (print) _____ Date _____

Signature _____

Parent/Guardian Consent & Waiver (for volunteers under the age of 18 years of age)

In order for your child to volunteer independently with the Township of Wilmot, he/she must be at least 13 years old and completed grade 8. We need your consent and involvement in helping them have a meaningful experience. Should you have any questions about the nature of our program, please contact the Aquatic Facilitator at 519-634-9225.

I understand that my child (named above) wishes to be considered for volunteer work with the Township of Wilmot, Aquatics Division and I hereby give my permission for him/her to serve in that capacity, if accepted by the agency, I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed. I agree to assume and accept all liability and responsibility for the actions of my child resulting from their activity as a volunteer with the Township of Wilmot. I further understand that I may revoke this Parental Consent at any time by providing written notice of revocation of parental consent to the Township of Wilmot, Wilmot Aquatic Centre to the address listed below. I hereby confirm my child's agreement as expressed above with Township of Wilmot, Aquatics Division, and grant my consent to the collection of any of my child's personal information which he/she may provide to you. I further confirm that I am myself over the age of 18 years.

Parent/Guardian Name (Print) _____ Date _____

Parent/Guardian Signature _____

Mail

Attention: Aquatic Division
Township of Wilmot
60 Snyder's Road West
Baden, Ontario
N3A 1A1

DROP OFF LOCATION

Attention: Aquatic Division
Customer Service Desk
Wilmot Aquatic Centre
1291 Nafziger Road
Baden, Ontario
(519) 634-9225