

Thank you for your interest in volunteering with the City of Brampton. We are currently using this paper application only for applicants for Animal Services. All other applications require the completion of an on-line application located at www.brampton.ca/Volunteers. Choose the appropriate program in which you want to volunteer and complete the instructions as per the on-line application. Thank you for choosing to volunteer with the City of Brampton.

PERSONAL INFORMATION: (PLEASE PRINT CLEARLY)

LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____ HOME PHONE #: _____
 _____ CELL PHONE #: _____
City Province Postal Code
 EMAIL _____ DATE OF BIRTH: _____ / _____ / _____ GENDER: M F
(if under 18 years of age) Month Day Year

EMERGENCY CONTACT NAME: (must be 18yrs of age or older) _____

RELATION TO VOLUNTEER: _____ CONTACT NUMBER: _____

Are you currently employed (or have you been employed) by the City of Brampton? Yes No

If yes, please indicate the approximate last date of work: _____

Languages Spoken: _____

Do you have a valid Driver's License? No Yes

Do you have the use of a vehicle? No Yes | Full Time Occasionally

DATE AVAILABLE TO BEGIN VOLUNTEERING: _____

If you are selected to volunteer with Animal Services, you will be required to wear Canadian approved safety boots.

EDUCATION: (PLEASE PRINT CLEARLY)
SECONDARY SCHOOL

NAME OF SCHOOL: _____ HIGHEST GRADE COMPLETED: _____

POST SECONDARY

NAME OF INSTITUTION: _____

HIGHEST YEAR COMPLETED: _____ DIPLOMA/DEGREE RECEIVED: Yes No

PREVIOUS RELATED VOLUNTEER/EMPLOYMENT: (BEGINNING WITH THE MOST RECENT)

	EMPLOYER / VOLUNTEER	FROM	TO	POSITION HELD
1.	_____	month / year	month / year	_____
2.	_____	month / year	month / year	_____
3.	_____	month / year	month / year	_____

Other related experience (hobbies, outside activities, courses, workshops, leadership courses, etc): _____

QUALIFICATIONS:

Do you have a current First Aid certification? No Yes Expiry Date: _____
 Do you have a current C.P.R. certification? No Yes Expiry Date: _____
 Do you have a current A.E.D. certification? No Yes Expiry Date: _____

PLACEMENT INFORMATION:

TYPE OF PLACEMENT: High School (40hrs placement) Field Placement Other

AVAILABILITY:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

REFERENCES:

LIST REFERENCES (relatives are not to be used):

1. NAME: _____ HOME PHONE #: _____
 ADDRESS: _____ BUS. PHONE #: _____

2. NAME: _____ HOME PHONE #: _____
 ADDRESS: _____ BUS. PHONE #: _____

Conditions of being a Volunteer (please read carefully before signing).

- I, the undersigned, authorize an investigation of the statements herein.
- I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.
- I acknowledge and understand that if I am successful in obtaining a Volunteer placement, the placement is conditional upon receipt of an **original** Vulnerable Sector Police Records Search that is acceptable to The Corporation of the City of Brampton, prior to the start of the placement.
- All statements become part of my personal file.
- I authorize The Corporation of the City of Brampton, to make such inquiries respecting the above information, as is deemed necessary.

Volunteer's Signature

Date

Parent / Guardian Signature
 (if volunteer is under eighteen (18) years of age)

Date