



# Parks, Recreation, and Leisure Services

## VOLUNTEER APPLICATION FORM

Please check each program or event that you would like to volunteer at:

- Canada Day
- Summer In the Parks (SITP)
- Santa Claus Parade
- Youth Centre
- Families First (F/F)

**Full Name** \_\_\_\_\_

Surname

Given Name

**Place of Birth** \_\_\_\_\_

City

Province

Birthday Date (MM/DD/YY)

**Other Names** \_\_\_\_\_

Maiden, Birth, Alias

Surname

Given Name

**Current Address** \_\_\_\_\_

Number

Street

Apartment Number

City

Province

Postal Code

**Email** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **Phone (Work)** \_\_\_\_\_

**T-Shirt Size (Circle Option)**      S      M      L      XL      XXL      XXXL

**Have you ever volunteered for a city program or event?**       Yes       No

**If yes, what year?** \_\_\_\_\_      **What was it for?** \_\_\_\_\_

**Do you have any special skills or qualifications?**       Yes       No

**If yes, please list** \_\_\_\_\_

Will you require a volunteer certificate for your high school?       Yes       No

### Volunteer Positions

For further information on job descriptions, visit our website at [City of North Bay](http://www.cityofnorthbay.ca) www.cityofnorthbay.ca. Please select the positions in the order that interest you the most. One (1) selection is mandatory. Three (3) are preferred. Volunteer positions will require applicants to undergo screening i.e. telephone interviews, reference checks and/or Police Records Check.

#### For Events (18 years + Only)

Children's Activity       Command Post (SITP Only)       Attractions Set-Up

#### 16 Years +

Parking       First Aid       Inflatable Park (SITP/FF )       Maintenance

Volunteer Supplies       Stage (SITP)       Other

**For Programs (18 Years + Only)**

Outdoor Rink Care Taker                      Youth Centre Assistant

**If the position you have chosen is not available, would you accept a different position?**

Yes                                                      No

**References**

In the space provided, please list three references who are not members of your family. For example: a professional, an employer, a friend, etc.

**1. Name** \_\_\_\_\_ **Phone(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Phone(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

**3. Name** \_\_\_\_\_ **Phone(Home)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

**Authorization For Collection Of Personal Information**

A signature is required. Please present a signed copy of this application form to the Parks, Recreation & Leisure Services at North Bay City Hall, 2nd Floor, thirty (30) calendar days before the event. Those under 18 years of age will require a parent/guardian signature as well.

As a volunteer with the City of North Bay, I hereby agree to follow all guidelines and standards set by the City. I realize that an authorized employee may terminate my services without notice. I also acknowledge that the City does not carry disability or Worker's Compensation Benefit insurance coverage for my benefit. By my signature on this application, I authorize the verification of the above information and any other necessary inquiries which may be needed to determine my suitability for a volunteer position with the City of North Bay.

\_\_\_\_\_ **I consent to the above information**

Initials

**CONSENT FOR CRIMINAL RECORD SEARCH**

Whereas I am interested in being considered for a sensitive position of trust and well being of the City of North Bay event and program participants and I am required by the City of North Bay to disclose whether or not I have any convictions or have been charged under any federal or provincial enactment:

And whereas I understand that disclosure of a criminal record may not necessarily preclude me from performing duties/functions/responsibilities I am interested in:

And whereas I understand that, if the City of North Bay should decide any conviction or charge disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that criminal record to determine whether or not my criminal record indicated that I present a risk to participants.

I, therefore, authorize the RCMP, other Provincial or Municipal Police Services on my behalf to inquire into and determine whether or not I have a criminal record, and also make to the City of North Bay members a full and complete disclosure of any criminal record they may find. I also make this authorization with the understanding that I may be required to provide my fingerprints to verify a criminal record and the fingerprints will be returned to me when the record is adjudicated

\_\_\_\_\_ **I consent to the above information**

Initials

I \_\_\_\_\_, authorize the City of North Bay to collect personal  
**(Name of applicant)**

information for the position applied for to verify the character references I have supplied, which may also include a criminal record check. In understand the information obtained will be confidential, but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Volunteer Medical Information

Please provide the requested information so the City of North Bay staff/volunteers can assist you in the event of a medical emergency.

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

1) Do you have any allergies  Yes  No

If yes, please list

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2) Do you have a disability that you would like the City of North Bay staff to be aware of to help ensure your safety and comfort?  Yes  No

If yes, please list

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## VOLUNTEER AGREEMENT

I understand and acknowledge that The Corporation of the City of North Bay (hereinafter referred to as the "City of North Bay") holds a municipal liability policy to defend against claims by third parties. The limit of this policy for all damages arising out of one accident or occurrence or a series of accidents or occurrences from one cause to third parties is limited to \$5,000,000.00. Any volunteer worker of the City of North Bay will be defended under this policy from any third party claims.

I further understand and acknowledge that the City of North Bay does not carry disability or Worker Compensation coverage for my benefit.

I further understand and acknowledge that an authorized employee of the City of North Bay may terminate my services as a volunteer with the City of North Bay at any time without notice or cause.

I agree to follow all guidelines, standards and codes of conduct which may be set by the City of North Bay. I further agree to follow all federal, provincial and municipal laws and regulations when working as a City of North Bay volunteer.

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**Signature of Volunteer**

**Date**

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**Parent/Guardian Signature  
(if volunteer if less than 18 years of age)**

**Date**

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of background screening. Questions about this collection or personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay (705) 474-0626, ext. 2510.