

Town of Caledon Volunteer/Cooperative Education Application

Applicant Information

(please note that for liability and insurance reasons, the Town of Caledon is only able to offer volunteer placement for applicants aged 12 years or older at the Library and aged 14 years or older in our Recreation facilities and Animal Shelter. A vulnerable sector check may be required.)

Last Name:		First Name:		Preferred Phone Number:	
Street Number:	Street Name:		Town/City:		
Postal Code:	Email Address:				
Emergency Contact Name:			Emergency Contact Phone Number:		

Purpose of Application

- High School Hours General Interest
 Co-op (Education) Other (please specify):

Availability

- | | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Mon AM | <input type="checkbox"/> Tues AM | <input type="checkbox"/> Wed AM | <input type="checkbox"/> Thurs AM | <input type="checkbox"/> Fri AM | <input type="checkbox"/> Sat AM | <input type="checkbox"/> Sun AM |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Mon PM | <input type="checkbox"/> Tues PM | <input type="checkbox"/> Wed PM | <input type="checkbox"/> Thurs PM | <input type="checkbox"/> Fri PM | <input type="checkbox"/> Sat PM | <input type="checkbox"/> Sun PM |

Program of Interest

<input type="checkbox"/> Animal Shelter (16+ years of age) <i>Please check all that apply:</i> <input type="checkbox"/> Cat Care <input type="checkbox"/> Dog Walking	<input type="checkbox"/> Library (12+ years of age) <i>Please check all that apply:</i> <input type="checkbox"/> Youth Services Volunteer (12-17 years of age) <input type="checkbox"/> Visiting Library Service Volunteer (18+ years of age) <i>Please select a branch:</i> <input type="checkbox"/> Albion Bolton <input type="checkbox"/> Caledon Village <input type="checkbox"/> Alton <input type="checkbox"/> Inglewood <input type="checkbox"/> Belfountain <input type="checkbox"/> Margaret Dunn <input type="checkbox"/> Caledon East <input type="checkbox"/> Valleywood	<input type="checkbox"/> Parks & Recreation (14+ years of age) <i>Please check all that apply:</i> <input type="checkbox"/> Special Events <input type="checkbox"/> Pre-school & Youth Programs <input type="checkbox"/> Adult & Adult 60+ Programs <input type="checkbox"/> Special Needs Programs <input type="checkbox"/> Aquatics/Arena <input type="checkbox"/> Parks <input type="checkbox"/> Other (please specify): <i>Please select a location:</i> <input type="checkbox"/> Bolton <input type="checkbox"/> Mayfield <input type="checkbox"/> Caledon
<input type="checkbox"/> Town Hall Please specify department:		

Have you volunteered with the Town of Caledon previously? No Yes. When:

Previous Experience

(please list previous experience related to the volunteer/coop opportunity you are seeking, including past service with the Town)

I certify that information contained in this application is true and complete. I authorize the verification of any or all information listed above.

Applicant Signature:	Date:
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Parental/Guardian consent is required for persons under 18 years of age.

I guarantee I am the parent/guardian of the applicant above and hereby indemnify the Town of Caledon, and when applicable, the Caledon Public Library, from and against any such claims, which may be made by any third party. I understand and accept the terms and conditions above.

Signature of Parent/Guardian:	Date:
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Personal information contained 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 collection of personal information to process this report. Questions about this collection should be forwarded to the Municipal Freedom of Information Coordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, 905-584-2272.

For Office Use Only

Start Date:	Direct Supervisor:
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Responsibilities:

Program Assigned

<input type="checkbox"/> Animal Shelter Please check all that apply: <input type="checkbox"/> Cat Care <input type="checkbox"/> Dog Walking	<input type="checkbox"/> Library Please check all that apply: <input type="checkbox"/> Youth Services Volunteer (12-17 years of age) <input type="checkbox"/> Visiting Library Service Volunteer (18+ years of age) Please select a branch: <input type="checkbox"/> Albion Bolton <input type="checkbox"/> Caledon Village <input type="checkbox"/> Alton <input type="checkbox"/> Inglewood <input type="checkbox"/> Belfountain <input type="checkbox"/> Margaret Dunn <input type="checkbox"/> Caledon East <input type="checkbox"/> Valleywood	<input type="checkbox"/> Parks & Recreation <i>Please check all that apply:</i> <input type="checkbox"/> Special Events <input type="checkbox"/> Child & Pre-school Programs <input type="checkbox"/> Adult & Senior Programs <input type="checkbox"/> Special Needs Programs <input type="checkbox"/> General Interest <input type="checkbox"/> Parks <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Other (please specify):
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Schedule

<input type="checkbox"/> Mon AM	<input type="checkbox"/> Tues AM	<input type="checkbox"/> Wed AM	<input type="checkbox"/> Thurs AM	<input type="checkbox"/> Fri AM	<input type="checkbox"/> Sat AM	<input type="checkbox"/> Sun AM
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Mon PM	<input type="checkbox"/> Tues PM	<input type="checkbox"/> WED PM	<input type="checkbox"/> Thurs PM	<input type="checkbox"/> Fri PM	<input type="checkbox"/> Sat PM	<input type="checkbox"/> Sun PM
Time:	Time:	Time:	Time:	Time:	Time:	Time:

OR The volunteer will be providing service for a special event and at irregular hours

Please Note: Once training is complete, please forward this Application Form, along with the completed Volunteer Commitment Package and record of training to Human Resources for retention.

A Volunteer Termination Form is required for volunteers no longer providing services to the Town.

Training		
Training Received		Date of Training
Orientation with Direct Supervisor	<input type="checkbox"/>	
AODA	<input type="checkbox"/>	
Health & Safety Awareness	<input type="checkbox"/>	
Workplace Violence & Harassment	<input type="checkbox"/>	
Right to Refuse	<input type="checkbox"/>	
WHMIS	<input type="checkbox"/>	

Approval	
	Signature
Direct Supervisor	
2 nd Approver	

