



Volunteers helping to make our community a better place to live

Date stamp:

c/o DPPCC 150 PIONEER DRIVE

KITCHENER, ON N2P 2C2 (519) 741-2641

## Volunteer Application

Name: \_\_\_\_\_ Resume Attached: Yes  No

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

Email Address: \_\_\_\_\_

If under 18 years of age, please state year of birth: \_\_\_\_\_

If under 18 years of age, please have parent/guardian sign the following:  
I give permission for \_\_\_\_\_ to volunteer for the DPPCA.

\_\_\_\_\_  
(Signature) (Date)

1st Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Do you have any medical information (allergies, etc.) that the DPPCA should be aware of?  
\_\_\_\_\_

Please take a few minutes complete the following:

Position being applied for: \_\_\_\_\_

Please list skills you possess to enhance this position: \_\_\_\_\_

If selected, what do you hope to gain from your volunteer experience? \_\_\_\_\_

By signing below, you are agreeing to disclose your personal contact information to the DPPCA staff and the other members of the DPPCA for DPPCA matters only. This information will not be shared.

The DPPCA reserves the right to request references from a volunteer for any related volunteer positions.

The DPPCA complies with the Accessibility Standards for Customer Service.

**Applicants for Board Members, Activities and Event Coordinators ONLY,  
please complete the following:**

- Please supply three references and one volunteer reference, volunteer, general or work related (no family) that may be contacted.
- A police record check is also required in screening for all the above positions. Please speak to the Volunteer Coordinator for additional information on how to obtain a police record check.

Name	Phone#, Address & PC	Relationship To You
1	( )	
2	( )	
3	( )	

I understand that a volunteer position is conditional upon:

1. A 30-day probationary period, during which all statements made in this application may be verified:
2. Becoming aware of and adhere to the policies, guidelines, confidentiality clause, regulations and instructions governed by the Association:
3. Meeting the specifications of the volunteer position set up in the Policies and Procedure Guidelines:
4. I understand that I may be requested to provide additional information at the discretion of the Volunteer Coordinator or the Executive Board of Directors.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The Doon Pioneer Park Community Association  
depends upon and is run by volunteers from the community.  
Thank you for taking the time to read and fill out this form.  
Those selected for a volunteer interview will be contacted within the next two weeks.

Office Use Only

Volunteer Contacted  Date \_\_\_\_\_ By Whom \_\_\_\_\_  
 Police Check Verified  Date \_\_\_\_\_ By Whom \_\_\_\_\_  
 References Checked  Date \_\_\_\_\_ By Whom \_\_\_\_\_

Comments: \_\_\_\_\_

Recruitment Method:

- Word of mouth
- DPPCA Newsletter
- Program Participant
- V.A.C.
- K.W. Record
- Flyer \_\_\_\_\_
- Sign \_\_\_\_\_
- Other \_\_\_\_\_