

APPLICATION FORM VOLUNTEER INTHE TOWNSHIP OF EAST HAWKESBURY

Please return this form electronically to Ilalonde@easthawkesbury.ca or in person at the Township Hall located at 5151 County Road 14, St. Eugene ON. All information collected will be kept confidential and will be used exclusively by the Township of East Hawkesbury.

GENERAL INFORMATION				
NAME:	SURNA	λΜΕ:		
ADRESSE:				
TEL/CEL:EMAIL:				
Do you have a valid driver's license?	OYes	ON ₀	Permit Nº	
Have you ever been convicted of an offence un		riminal Justice ONo	Act or an adult law or an adult law?	
FIELD OF INTEREST	Ores V	JINO		
O Green Team O Event support O Promotion and marketing O Fundraising O Home O Bartending (Must have Smart Serve training O Ice rink and park Emergency situation Security Other:	ng)			
<u>EXPERIENCE</u>				
Have you ever volunteered with the Townsh Skills or training acquired relevant to volunte			OYes ONo y etc.)	
AVAILABILITY				
C Less than 6 months C 6 months to 1	year O Cont	inuous O	Other (please specify):	
I certify that the information provided on this form check, driver's abstract check and/or other verific				
*Signature of applicant:	nt:Date: (DD-MM-YYYY)			
* If you are under the age of majority, your parent	t or guardian must	complete the fo	ollowing section:	
I am aware that my child or the child for whom Hawkesbury and I approve of his/her decision.	ı I am legally resp	onsible has de	ecided to volunteer with the Township of East	
Full name:	me:Relationship to applicant:			
	el/Cell:Signature:			

The personal information requested on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used only for the purpose of considering applications received for the position of volunteer for the Township of East Hawkesbury. Any questions regarding this form or the collection of this information can be directed to Karine Desjardins kdesjardin@easthawkesbury.ca or by calling 613.674.2170 ext. 1002