

WESTERN VALLEY REGIONAL SERVICE COMMISSION VOLUNTEER APPLICATION FORM



Western Valley Regional Service Commission

Application Information

Last Name:	First name:	Preferred Phone Number:
Mailing Address:		
Email Address:		
Emergency Contact Name:		Emergency Contact Phone Number:

Purpose of Application

High School Hours
 General Interest
 meet new people/ become more involved
 Give back to community
 Other (please specify) _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

About yourself

Under 14
 14 – 17
 18 – 24
 25 – 30
 31 – 40
 41 – 50
 51 – 60
 60 and above

Do you have any special areas of interest or experience in the following? (check all that apply)

Greeting/hosting community events
 Fundraising/sponsorship/promotions
 Photography
 Food and beverage
 working with children
 Aquatics/Arena
 Athletics
 Trail riding
 Computers
 Webpage development
 set – up/ take down/ equipment operator
 Other _____

Reference

Name :	Job Title :
Phone number :	

Due to certain volunteer positions in regards to working with children an RCMP criminal record check may be required. Would you be willing to have check done? Yes No

I Certify that the information contained in this application is true and complete. I authorize the verification of any or all information listed above. **Applicant Signature:** _____ **Date:** _____

Parental/ Guardian consent is required for persons under 18 years of age

I guarantee I am th parent/ guardian of the applicant above and hereby indemnyfy Western Valley Regional service Commission from and against any 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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For office use only

Start Date:

Direct Supervision:

Responsibilities:

Program Assigned

Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Time: Time: Time: Time: Time: Time: Time:

Training		Date of training
Training Recieved	<input type="checkbox"/>	
Orientation with Direct supervision	<input type="checkbox"/>	
Workplace violence & Harassment	<input type="checkbox"/>	
Right to Refuse	<input type="checkbox"/>	
WHMIS	<input type="checkbox"/>	
First/Aid CPR	<input type="checkbox"/>	
Fitness instructor	<input type="checkbox"/>	
Occupational health & Safety	<input type="checkbox"/>	
Valid criminal records check	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Approval	
	Signature
Supervisor	
2 nd Approver	