



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.682.3631
TTY: 905.688.4TTY (4889)

RECREATION AND COMMUNITY SERVICES
Select division

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Date: _____, 20

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Present Occupation (if applicable): _____

When is it best to contact you?

Day Evening Weekend Anytime

AVAILABILITY

Do you wish to be a regular volunteer? Yes No (Please indicate availability below)

Do you wish to be a reserve volunteer? Yes No (i.e. Special Events, one time programs)

Please indicate with a check (✓) when you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evenings							

of hours per week available: _____

How long do you plan on volunteering with us? _____

Which of the following areas are you interested in volunteering with? (Please check all that apply)

- Aquatics Cultural Programs
 Children's Programs Senior's Programs
 Special Events Other: _____

VOLUNTEER POSITION

Are you applying for a specific volunteer posting? No Yes (please specify) _____

Why are you interested in this position? _____

INTERESTS AND PAST EXPERIENCE

Why are you interested in volunteering with our organization? _____

What skills, interests or hobbies might you share in your volunteer work with us? _____

Have you volunteered before? Please list experiences _____

REFERENCES

1) Name: _____

Telephone: _____

Occupation: _____

Relationship: _____

2) Name: _____

Telephone: _____

Occupation: _____

Relationship: _____

To the best of my knowledge, all of the above information is accurate and up to date. I hereby give my permission and consent to contact all of the above references.

Signature: _____ Date: _____

Please return completed application form to Elizabeth Fritshaw:

Russell Avenue Community Centre
108 Russell Avenue, P.O. Box 3012
St. Catharines, ON L2R 7C2

Seymour Hannah Sports & Entertainment Centre
240 St. Paul Street West, P.O. Box 3012
St. Catharines, ON L2R 7C2

Parks, Recreation & Culture Services Department
320 Geneva Street, P.O. Box 3012
St Catharines, ON L2R 7C2

Fax to 905-682-3375
Email to efritshaw@stcatharines.ca

Questions?

Call 905-688-5601 ext. 1563 or email efritshaw@stcatharines.ca