



TOWN OF ORANGEVILLE VOLUNTEER APPLICATION-AQUATICS

Please email in completed application forms to volunteer@orangeville.ca

**ALL VOLUNTEERS MUST BE 14 YEARS OLD AND HAVE A CURRENT BRONZE
MEDALLION/OR HIGHER QUALIFICATION**

First Name:	Last Name:
Birth Date: (dd/mm/yyyy):	Primary Phone Number:
Address:	
City/Town:	Postal Code
Email Address:	Current Grade:
Lifesaving Society ID #: (Your Member ID is the 6-digit code on the bottom right of your blue certification cards)	

Communication will be primarily through email. Please list an email address that is valid, and checked often.

List your experience with children, youth, camps, special events, etc. (Example: babysitting, coaching, camp, etc.)

What activities are you currently involved in or enjoy? (Example: sports team, drama club, tech club, etc.)

Why do you want to volunteer with the Town of Orangeville?

VOLUNTEER APPLICATION-AQUATICS

Please indicate which days you are available to volunteer (check all that apply)

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Date Available to start:							

I prefer to be scheduled at (check all that apply)

Alder Street Recreation Centre
 Tony Rose Memorial Sports Centre

Certification and Skills

Check all current certifications, course and skills that apply to you:	
<input type="checkbox"/> Bronze Medallion <input type="checkbox"/> Bronze Cross <input type="checkbox"/> First Aid (type): _____ <input type="checkbox"/> Fitness (specify): _____ <input type="checkbox"/> CPR (specify): _____	<input type="checkbox"/> National Lifeguard <input type="checkbox"/> Red Cross Instructor <input type="checkbox"/> Lifesaving Society Instructor <input type="checkbox"/> Other Aquatic/Swimming <input type="checkbox"/> AED (level): _____ <input type="checkbox"/> NCCP (level/type): _____

Authorizations

I acknowledge and understand that if I am successful in obtaining this Volunteer placement, the placement may be conditional upon receipt of an original Criminal Record Search, Vulnerable Sector Screening (Volunteer) that is acceptable to the Town of Orangeville.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

Applicant's Signature	Date	Year	Month	Day
Note: Anyone who is under the age of 16 requires the consent of their parent/guardian.				
Parent/Guardian Name				
Parent/Guardian Signature	Date	Year	Month	Day
Parent/Guardian Phone Number				