



Town of Paradise Volunteer Application Form

Department of Recreation and Leisure Services

Rotary Paradise Youth and Community Centre (709)782-6290

1. PERSONAL INFORMATION

Name: _____ Date: _____

Gender: Male Female Date of Birth: _____/(date)_____/_____/_____(month)_____/_____(year)

Address: _____(street)_____(city/town)
_____(postal code)

Telephone: _____(cell) _____(home) _____(email)

MCP Number: _____

Health Details (allergies, medications, illness etc):

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Telephone: _____(cell) _____(home) _____(work)

Drivers License Number and Expiration Date (if applicable): _____

Class(es): 5 4 Other _____ Do you have access to a vehicle? Full time Part time No

2. SKILLS AND INTERESTS

Please select any of the following you have completed:

- First Aid _____(expiry date)
- C.P.R _____(expiry date)
- Bronze Medallion _____(expiry date)
- NLS _____(expiry date)
- Customer Service Training/Experience _____
- Other _____

National Coaching Certification Program (N.C.C.P) :

Theory Level I _____ (date completed)

Theory Level II _____ (date completed)

Technical Course (Sport Specific)

Please select any of the following Recreation/Activities and Skills you may have experience with:

Cooperative Games

Puppetry

Art/Crafts

Water Safety

Archery

Canoeing

Kayaking

Referee

Soccer

Swimming

Orienteering

Softball/Baseball

Wilderness Techniques

Drama

Music

Other: _____

3. VOLUNTEER EXPERIENCE

Please select any of the following with which you have previous experience/involvement:

Department of Community Services

Student Council

Hospital

Church/Parish

Brownies/Girl Guides/Boy Scouts, etc

Pre-School

Community Organization

Sport Group

Other: _____

Please select any of the following programs that you would be interested in volunteering with:

Special Events

Fundraisers

Small children activities

Paddle in Paradise

50+/Older Adult Events

Teen activities

4. PERSONAL REFERENCES

Please list three references below, where possible please use a person who oversaw previous volunteer experience:

Name: _____ Occupation: _____ Telephone: _____

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If there is any other information, training or previous experience you feel would be an asset to volunteering with the Town of Paradise Recreation and Leisure Department please includes it in the space provided:

Candidate Signature: _____ Date: _____

Any person wishing to volunteer with the Town of Paradise will be **required to provide a current RNC Certificate of Conduct and Vulnerable Sector Check**. The cost for completing this Certificate of Conduct will be covered by the Town.