

 <p>PLEASE PRINT</p>	<b>CS- Volunteer Junior Leader Application</b>	<b>Community Service</b>
<h2 style="margin: 0;">Volunteer Junior Leader Application</h2>		

<b>Contact Information</b>	<b>SECTION 1</b>
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Volunteer Name: \_\_\_\_\_ Date of Birth (yy/mm/dd): \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Medical Information</b>	<b>SECTION 2</b>
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Do you have any special needs, medical information, or requirements that staff should be aware of?  Yes  No

If yes, please list: \_\_\_\_\_

Do you require inclusion support for your volunteerism?  Yes  No

<b>History</b>	<b>SECTION 3</b>
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List any volunteer experience:

List any leadership and/or training courses you have completed:

**Volunteer Details****SECTION 4**

Select areas of interest but not limited to:

Special Events     Programs     Aquatics     Other

Please specify: \_\_\_\_\_

**Declaration****SECTION 5**

1. I agree that in the event of an emergency, the City of St. John's staff will take appropriate action for the above named volunteer:
 

Yes       No
  
2. I give permission to use photographs of the above named volunteer, in any professional material (ie. print, website, TV). I fully understand that there will be no compensation paid to the volunteer or parent/guardian of the volunteer in exchange for use of the photograph. As well, the City of St. John's has permission to change the image (ie. cropping or digital manipulation).
 

Yes       No
  
3. I hereby acknowledge that volunteers with the City of St. John's are entrusted with knowledge and private affairs of participants and their families. I hereby undertake not to divulge any of the knowledge, nor to discuss it at any time with City of St. John's or thereafter. I hereby acknowledge that I fully understand the above and that a breach of this understanding may result in my suspension or dismissal as a volunteer of the City of St. John's.
 

Yes       No
  
4. I hereby waive and release all rights and claims for damages against the City of St. John's and their employees and agents for all injuries, which may be sustained by myself while volunteering in the program(s) listed above. I understand the content of the program and the risks of personal injury therein.
 

Yes       No
  
5. I acknowledge that everything declared in this form is true and I understand that if there is any change to the information contained in this application, it is my responsibility to notify the City of St. John's.
 

Yes       No

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

<b>CS- Volunteer Junior Leader Application</b>		<b>Community Services</b>
<p>If the applicant is younger than 18 years, have a parent/guardian complete the following:</p>		
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date
<b>Privacy Notice</b>		<b>SECTION 6</b>
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Community Programs at 576-8020 or email <a href="mailto:volunteer@stjohns.ca">volunteer@stjohns.ca</a></p>		
<p>Please return completed forms to:  Paul Reynolds Community Centre  HGR Mews Community Centre</p>	<p>City of St. John's  Recreation Division  P.O. Box 908  St. John's, NL A1C 5M2</p>	<p>For further information:  Phone: (709)576-8630  Email: <a href="mailto:volunteer@stjohns.ca">volunteer@stjohns.ca</a></p>