



10 Robert St West, P.O. Box 5009, Penetanguishene, ON, L9M 2G2
 Phone: 705-549-7453 x 223 Fax: 705-549-3743
 Email: recreation@penetanguishene.ca

DAY CAMP VOLUNTEER APPLICATION FORM *Please print neatly*

Volunteer Name:	Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Street Address:	Town:
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Postal Code:	Email:
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Daytime Phone:	Cell:
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Medical/Special Needs:

Emergency Contact:	Phone:
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LIST AVAILABILITY * Day Camps operate Monday to Friday, 9:00am – 4:00pm

Please list any family members in our day camp program(s):

Please list any past employment/volunteer experience, training, courses, certifications that relates to the position of Day Camp Volunteer;

VOLUNTEER POLICIES & PROCEDURES AGREEMENT

- Our programs rely heavily on student volunteers who are willing to commit to be in attendance for the duration of the program, to provide guidance and support to the youth, assist staff in program delivery, monitor recreation activities both indoors and outdoors and act as a positive mentor for the youth. We provide basic training, so previous experience is not mandatory, but considered an asset.
- A professional, good mannered, positive, enthusiastic attitude and genuine interest in helping a group of children enjoy a program are important and the prerequisites for the position.
- A volunteer meeting and training may be scheduled prior to the program start date and attendance is important and appreciated.
- The Town of Penetanguishene reserves the right to limit the use of volunteers, adjust the hours of any volunteer or to reject services as it deems fit, in its sole discretion, in order to best achieve its public purpose and policy. Volunteers who do not adhere to the policies and procedures of the Town of Penetanguishene, or fail to satisfactorily perform their volunteer assignment are subject to dismissal.

<input type="checkbox"/>	I agree to attend every volunteer shift as agreed upon and assigned by Town staff. If I am unable to attend my scheduled shift due to unforeseen circumstances or I am unable to fulfill my volunteer responsibilities, I agree to notify the Recreation Coordinator immediately. (CELL: 705-529-5465)
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<input type="checkbox"/>	I agree to abide by our policies and procedures
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<input type="checkbox"/>	I agree to dress appropriately and wear any uniform gear that is provided, be professional and responsible as an ambassador of the Town of Penetanguishene.
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Volunteer Signature:	Date:
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Parent/Guardian Signature:	Date:
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