



VOLUNTEER APPLICATION FORM

Thank you for considering being a volunteer with the County of Prince Edward. Once complete, please submit following the instructions at the end of the form to Wendy Lane, Manager of Recreation & Culture.

Personal Information

Name: _____

Address: _____

Mailing Address (if different from above): _____

Telephone: _____ Email _____

Emergency Contact: Name: _____ Phone number _____

Relationship: _____

Age: 14 to 18 ~~19 to 65~~ 19 to 65 or older

The best time to contact me is: _____

Interests

The County has a variety of opportunities, please identify any or all. I am most interested in helping at:

Ward Recreation Committee

Ward Program or Special Event

Museum Site Committee

Museum Program or Special Event

Other _____

Preferred Ward or Location (please check as many as possible.)

Picton	<input type="checkbox"/>	Macaulay Heritage Park	<input type="checkbox"/>
Bloomfield/Hallowell	<input type="checkbox"/>		
Wellington	<input type="checkbox"/>	Wellington Heritage Museum	<input type="checkbox"/>
Ameliasburgh	<input type="checkbox"/>	Ameliasburgh Museum	<input type="checkbox"/>
Athol	<input type="checkbox"/>		
Hillier	<input type="checkbox"/>		
North Marysburgh	<input type="checkbox"/>	Rose House Museum	<input type="checkbox"/>
South Marysburgh	<input type="checkbox"/>	Mariners Park Museum	<input type="checkbox"/>
Sophiasburgh	<input type="checkbox"/>		

My areas of interest are: (eg. Gardening, collecting oral histories, programs, committee work, special events, physical activity, parks, helping with children, helping with seniors)

Availability

I am available to volunteer:

Weekends ___ Weekdays ___ Daytime ___ Evenings ___ Summer ___ Winter ___

Other: (specify) _____

Skills and Experience

Do you have relevant skills and experience for this volunteer placement? Please list:

References: Please list names and phone numbers of three references: (preferably relating to work or volunteer positions).

1) Name: _____	Relationship: _____
Title/Position: _____	Phone: _____
2) Name: _____	Relationship: _____
Title/Position: _____	Phone: _____
3) Name: _____	Relationship: _____
Title/Position: _____	Phone: _____

I agree that information provided is accurate and that references may be contacted following successful placement interview. In addition, applicants may be required to complete a Criminal Police Information Check (CPIC) depending on volunteer placement. Photo identification may be required.

Signature of Applicant: _____ Date: _____

Note: If completing on-line signature will be required during placement interview

Personal Information collected for this form is collected under the authority of the Municipal Act and will be used solely for the purposes of volunteer registration for the County of Prince Edward. This information will not be given to any other organization. Volunteer screening will be completed and prospective volunteers will be contacted for an interview prior to placement.

Click submit at the top right corner highlighted band or Mail/email to:

The County of Prince Edward
Recreation, Parks & Culture Department
c/o Wendy Lane, Manager of Recreation & Culture
332 Main Street
Picton, Ontario K0K 2T0 e-mail: wlane@pecounty.on.ca

Phone (613) 476-2148 Fax (613) 476-9835

Recreation, Parks & Culture Office Location: 72 King Street, Picton