

Town of Torbay

Volunteer Application Form

1. PERSONAL INFORMAT	ION			
Name:		_		
Date:		_		
Gender: Male Fe	male			
Date of Birth:	/(date)/(r	month)	/(year)	
Address:				
Telephone:	(cell)		(home)	
	(email)			
MCP Number:				
Health Details (allergies, 1	nedications, illness e	etc):		
2. EMERGENCY CONTACT	INFORMATION			
Name:		Relationsh	ip:	
Address:			_	
Telephone:	(cell)	(ho	me)	(work)
Driver's License Number	and Expiration Date ((if applicable):		
3. SKILLS AND INTERESTS	1			
Please select any of the fo	ollowing you have co	mpleted:		
First Aid:		(expiry date)		
C.P.R:		(expiry date)		



Customer Service Training/Experience:
Other:
4.VOLUNTEER EXPERIENCE
Please select any of the following with which you have previous experience/involvement:
Department of Community Services Student Council
Hospital Church/Parish
Girl Guides/Boy Scouts, etc. Pre-School Age Children
Community Organization Sport Group
Other:
5. VOLUNTEER INTERESTS
Please select any of the following that you would be interested in volunteering with:
Special Events / Fundraisers
Young Children activities
50+/Older Adult Events
Teen Activities
Torbay 50th Birthday Celebrations (2022)
6. PERSONAL REFERENCES
Please list three references below. Where possible please use a person who has supervised you.
Name:
Occupation:
Telephone:



Name:	
Occupation:	
Telephone:	-
Name:	-
Occupation:	•
Telephone:	-
7. OTHER INFORMATION	
volunteering with the Town of Torbay please	
Candidate Signature:	

Any person wishing to volunteer with the Town of Torbay 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.