

West Willow Village Volunteer Application



Please Submit Applications to:

wilderwoodcampcoordinator@westwillowvillage.ca

Neighbourhood Office:
495 Willow Rd.
Portable #1 Westwood Public School

(519) 826—9930

www.westwillowvillage.ca

What is the West Willow Village?

We are a not-for-profit group operating in the west end of Guelph. Our mandate is to work together to build a stronger sense of community by developing community based programs, activities and events which meets the needs of the members of the West Willow Village community.

How do I become a volunteer at the West Willow Village?

We need your help in order to keep our programs going! Please fill out our application and submit to the Village in person at our office behind Westwood Public School or by email to wilderwoodcampcoordinator@westwillowvillage.ca. You will be contacted once your application has been received. Please note, depending on your volunteer position you may need to obtain a police reference check.

Volunteer Position Description

You will help out our camp leaders in supervising their groups, running games and activities, and helping out with snacks and Friday camp lunch! **We especially need volunteers who are comfortable being Swim Buddies.** Every Wednesday, the camp goes to the community pool for free swim. Campers ages 4-6 must be in life jackets and supervised in 2:1 ratios, so we need lots of volunteers to meet this requirement.

CONTACT INFORMATION

Name:	Email:
Phone:	Best time to contact?
Allergy/Medication Concerns:	

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Phone:	Alternate Phone:

Where did you hear about this opportunity?

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AVAILABILITY .

Week 1 (July 2-5) **NO MONDAY:					
NO CAMP (HOLIDAY)	• Tuesday	• Wednesday	• Thursday	• Friday	• All Week
	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM

Week 2 (July 8-12):					
• Monday	• Tuesday	• Wednesday	• Thursday	• Friday	• All Week
[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM

Week 3 (July 15-19):					
• Monday	• Tuesday	• Wednesday	• Thursday	• Friday	• All Week
[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM

Week 4 (July 22-26):					
• Monday	• Tuesday	• Wednesday	• Thursday	• Friday	• All Week
[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM

Week 5 (July 29-August 2):					
• Monday	• Tuesday	• Wednesday	• Thursday	• Friday	• All Week
[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM

Week 6 (Aug 6-9) **NO MONDAY:					
NO CAMP (HOLIDAY)	• Tuesday	• Wednesday	• Thursday	• Friday	• All Week
	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM

Week 7 (Aug 12-16):					
• Monday	• Tuesday	• Wednesday	• Thursday	• Friday	• All Week
[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM	[] AM [] PM

GENERAL INFORMATION

Why do you wish to be a volunteer with the West Willow Village?	
Do you have related previous volunteer or work experience? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
If yes, please list:	
Organization Name	Duties/Responsibilities
Please list any special Interests and hobbies.	
Do you have any first aid training? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Do you have HIGH FIVE: PHCD training Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

EDUCATION AND TRAINING

Elementary/Secondary (circle the highest grade completed)	
1 2 3 4 5 6 7 8 9 10 11 12 13	
College/University Name of Program:	Certificate/Diploma/License:
Other courses, workshops, seminars	

<p>I, _____, understand that my references will be contacted by the West Willow Woods Neighbourhood Group. All statements made on this form are correct and sincere.</p> <p>Please give the names of three persons who can supply information regarding your job/volunteer performance. Your references must be able to speak to your suitability as a potential volunteer. References can be supervisors in work or volunteer roles, teachers, ministers etc. Please do not include family members.</p>
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REFERENCES

Name:	Occupation:	Phone:
Organization:	Relationship to Applicant:	Email:
Name:	Occupation:	Phone:
Organization:	Relationship to Applicant:	Email:
Name:	Occupation:	Phone:
Organization:	Relationship to Applicant:	Email:

I understand that a volunteer position is conditional upon:

1. Verification of reference checks
2. Adherence to the policies, guidelines and regulations
3. Meeting the specifications of the volunteer position according to the volunteer descriptions.

By signing below, I agree to the following:

I hereby allow my name and photograph to be posted/displayed in the program facility and to be released to the media for the purpose of program publicity YES [] NO []

I understand that I will received no remuneration, salary, wage or payment or any employee benefit whatsoever, or be covered by the Workplace Safety and Insurance Act. I acknowledge that volunteer activity may involve personal risk of damage or injury. I hereby release the Neighbourhood Support Coalition and its staff from all claims of damage or injury to myself or my property resulting from my participation as a volunteer, unless such damage is caused by the gross negligence of the Guelph Neighbourhood Support Coalition.

Signature or Applicant :	Date:
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GUARDIAN CONSENT FOR VOLUNTEER PARTICIPATION

In order for youth (**under the age of 18**) to be considered as a volunteer with the West Willow Village we require guardian consent. Depending on the position volunteers may be required to assist in the clean up and take down of events, or work with children and youth in a group setting.

My child wishes to be considered for volunteer work with the West Willow Village. I hereby give my permission for his/her involvement. I have read and understood and agree to the preceding conditions as they apply to my child.

Signature or Guardian :	Date:
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Notice of Collection:

The personal information on this form is collected and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for administration of the West Willow Woods Neighbourhood Group programs. At no time will your personal information be disclosed without your express written consent.

If you have any questions you may contact the Guelph Neighbourhood Support Coalition (226) 979-1739 or by email at:
brendan.johnson@guelphneighbourhoods.org

