



## AGE FRIENDLY GUELPH VOLUNTEER APPLICATION

The Corporation of the City of Guelph  
683 Woolwich St., Guelph, Ontario N1H 3Y8  
(519) 823-1291 EXT. 2096



Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of processing your registration.

### PERSONAL DATA:

|                 |                |
|-----------------|----------------|
| Last name:      | Given name(s): |
| Street address: | City:          |
| Province:       | Postal Code:   |
| Home Phone:     | Cell phone:    |
| Email:          |                |

The new Canada Anti-Spam Legislation requires the City of Guelph to secure your consent to communicate with you electronically.

I give permission for the City of Guelph to communicate with me electronically for the purpose of advising of upcoming events, workshops and General news update.

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

Please note that you can revoke this consent at any time by clicking the unsubscribe link in any emails we send to you after this consent is received.

For more information on Canada's Anti-Spam Legislation, please contact the City of Guelph Access and Privacy Specialist at 1 Carden Street, Guelph, ON, N1H 3A1, 519.822.1260 X 2349 or at [privacy@guelph.ca](mailto:privacy@guelph.ca)

Why would you like to volunteer for the City of Guelph's Age Friendly Guelph Leadership Team, AFG Working Group, and/or an AFG Ambassador?

|  |
|--|
|  |
|--|

What skills and experience would you bring to AFG that you feel would be an asset to the team?

|  |
|--|
|  |
|--|

**EDUCATION/TRAINING:**

Circle the highest year in Elementary/Secondary successfully completed

Grade: 1 2 3 4 5 6 7 8 9 10 11 12 13

**Community College/Business, Trade or Technical School, University**

Name of Program

Certification/Diploma/License

Major Subject

Other courses, workshops, seminars

Designation, Certificates, Degrees

Other training, certifications, etc.

**WHERE DID YOU HEAR ABOUT THIS OPPORTUNITY?**

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Tribune      | <input type="checkbox"/> Volunteer Centre of Guelph/Wellington | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> GWSA Website | <input type="checkbox"/> Friend                                | <input type="checkbox"/> Sentinel         |
| <input type="checkbox"/> City Website | <input type="checkbox"/> School                                | <input type="checkbox"/> Other _____      |

**AREA OF INTEREST****Please indicate the area of interest you represent. Check all that apply**

- City of Guelph employee (specify area/role) \_\_\_\_\_
- Older adult (55+)
- Caregiver
- Participant in an organization serving older adult. Specify organization and role:  
\_\_\_\_\_
- Voluntary organization for older adults. Specify organization and role:  
\_\_\_\_\_
- Staff with a business serving older adults. Specify business and role:  
\_\_\_\_\_
- Other: \_\_\_\_\_

**Please check the areas you would be most interested in volunteering:**

- |  |  |
|--|--|
| <input type="checkbox"/> Member of AFGLT | <input type="checkbox"/> Consulted as needed |
| <input type="checkbox"/> Working group   | <input type="checkbox"/> Kept informed       |

**Do you have experience and/or interest in any of the following content areas specific to age-friendly cities? Check as many as apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Outdoor spaces and buildings | <input type="checkbox"/> Social participation                  |
| <input type="checkbox"/> Transportation               | <input type="checkbox"/> Communication and information         |
| <input type="checkbox"/> Housing                      | <input type="checkbox"/> Civic participation and employment    |
| <input type="checkbox"/> Respect and social inclusion | <input type="checkbox"/> Community support and health services |

## VOLUNTEER OPPORTUNITY

**Please check the days and times when you are available to volunteer, please check all that apply**

| Day       | AM                       | PM                       | Evening                  | Time of Year  |
|-----------|--------------------------|--------------------------|--------------------------|---|
| Monday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> All year round             |
| Tuesday   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Summer (July-August)       |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Fall (September- December) |
| Thursday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Winter (January-March)     |
| Friday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Spring (April-Jun)         |
| Saturday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Sunday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

## REFERENCES

**Give the names of at least 3 persons who can supply information pertinent to your performance. Your reference must be able to speak to your suitability as a potential volunteer.**

|          |               |                            |
|----------|---------------|----------------------------|
| Name:    | Occupation:   | Relationship to Applicant: |
| Address: | Phone Number: |                            |
| Name:    | Occupation:   | Relationship to Applicant: |
| Address: | Phone Number: |                            |
| Name:    | Occupation:   | Relationship to Applicant: |
| Address: | Phone Number: |                            |

**I hereby authorized any individual, company, or institution to provide the Public Services Department of the city of Guelph with any information they may have concerning my performance, and I do hereby release such individual, company or institution from any and all liability by reason of providing such information.**

In understand that a volunteer position is conditional upon:

1. Verification of reference checks
2. Adherence to the policies, guidelines and regulations which may include a police record check and
3. Meeting the qualifications of the volunteer position

|                      |       |
|----------------------|-------|
| Volunteer Signature: | Date: |
|----------------------|-------|

## EMERGENCY CONTACT

|                            |            |
|----------------------------|------------|
| Name:                      | Phone No.: |
| Relationship to Volunteer: | Address:   |
| Family Doctor:             | Phone No.: |

Please list any medical or health conditions that staff should be aware of:

*Thank you for considering a volunteer opportunity with the  
Public Services Department of the City of Guelph*

Please forward completed registrations to:  
Becky MacDonald - Coordinator of Volunteer Services  
[volunteer@guelph.ca](mailto:volunteer@guelph.ca)  
683 Woolwich Street  
Guelph, ON N1H 3Y8  
519-823-1291 EXT. 2096  
Fax: 519-823-8972

**For Office Use Only:**

| RECORD OF PLACEMENT                   |  |                                   |  |
|---------------------------------------|--|-----------------------------------|--|
| Application Date:                     |  | Volunteer Orientation:            |  |
| Interview Date:                       |  | Interviewed By:                   |  |
| Position:                             |  | Start Date:                       |  |
| Computer Input Date:                  |  | Reference Check:                  |  |
| Police check:<br>(if required)        |  | Insurance Check:<br>(if required) |  |
| Risk Management Assessment Completed: |  |                                   |  |