



City of Port Colborne Volunteer Application Form 2019

E-mail: volunteers@portcolborne.ca Phone: 905-835-2900 ext. 566 Address: 66 Charlotte St, Port Colborne, L3K 3C8

Name: _____ E-mail: _____
 Address: _____ City: _____ Postal Code: _____
 Cell Phone: _____ Home Phone: _____ Shirt Size: _____
 Age (if under 18): _____ Current Place of Work (optional): _____
 Previous volunteer experience: _____

Please indicate valid certification and/or training you have completed, check all that apply:

| | | |
|------------------------------------|---|--|
| Smart Serve () #: _____ | Police Check (Vulnerable Sector) () Date: _____ | Valid CPR () Date: _____ |
| Valid First-Aid () Date: _____ | Other Training () Specify: _____ | Additional Languages () Specify: _____ |

Please indicate which event you would like to volunteer for, check all that apply:

| | | |
|--|--------------------------------|--|
| Canal Days Marine Heritage Festival () <small>(Aug 2, 3, 4, 5)</small> | Historical & Marine Museum () | Santa Claus Parade () <small>(Dec 7)</small> |
| New Year's Eve Family Celebration () <small>(Dec 31)</small> | Roselawn Centre () | SportsFest () <small>(Feb 8-10)</small> |
| Easter Eggstravaganza () <small>(April 20)</small> | Public Library () | Other City Events () |

If you selected Canal Days Marine Heritage Festival please indicate your point of interest:

**Note: Some areas require certification, heavy lifting, and or standing or sitting for long periods of time*

| | | |
|----------------------------|------------------------------------|--------------------|
| Bar Service () | Ticket Booth Sales () | Entrance Gates () |
| Bar Backline Service () | Ambassador/Information Liaison () | Kids Zone () |
| Volunteer Registration () | General Labourer () | Sponsor Lounge () |

****For volunteer roles for other City of Port Colborne Events, please contact the volunteer coordinator****

If you selected Canal Days Marine Heritage Festival please indicate your preference of dates:

| | | |
|--------------------------------------|------------------------------------|-------------|
| Friday, August 2 nd () | Sunday, August 4 th () | Morning () |
| Saturday, August 3 rd () | Monday, August 5 th () | Evening () |

Signature _____ Date _____
Parent Signature required if under the age of 18 DD/MM/YYYY

**NOTE: All information in this application will be kept confidential according to the Municipal Act, 2001, S.O. 2001, c.25
 Please return completed application to: Community Services – Roselawn Centre
 296 Fielden Avenue, Port Colborne, ON L3K 466**