



OFFICE USE ONLY	
Date Received	
Initial Interview	Date
Background Check	
Orientation/Training	
Start	Exit

Volunteer Application Form

Note: A Police Vulnerable Sector Check will be required for all volunteers of *The Aquarium*.

Applicant Information					
Last Name			First Name		
Address					
City		Province		Postal Code	
Phone No. (Home)		Phone No. (Work)		Phone No. (Cell)	
Email Address					
Emergency Contact			Relationship		Telephone No.
Languages <input type="radio"/> English		<input type="radio"/> French		<input type="radio"/> Other _____	
<input type="radio"/> Spoken		<input type="radio"/> Spoken		<input type="radio"/> Spoken	
<input type="radio"/> Written		<input type="radio"/> Written		<input type="radio"/> Written	
Availability					
Please check the days and times when you are available to volunteer. Check all that apply.					
Day	Morning	Afternoon	Evening	Time of Year	
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All year round <input type="checkbox"/> Summer (July – August) <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – March) <input type="checkbox"/> Spring (April – June)	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Skills and Qualifications (e.g., certificates, licenses, equipment use, technical skills, SCUBA, CPR)			Interests and Hobbies (e.g., photography, computers)		
Volunteer Experience					
Organization		Position		Dates	



Personal/Professional Objectives: Why are you interested in volunteering at *The Aquatarium*?

How did you learn about volunteer opportunities at *The Aquatarium*?

References

I authorize <i>The Aquatarium</i> to contact the persons or organizations listed below for the purpose of obtaining reference information. Relatives are not accepted for reference purposes.		Applicant's Initials:
Name	Phone No. Email Address	Relationship to Applicant (i.e., supervisor, teacher, etc.)
Name	Phone No. Email Address	Relationship to Applicant (i.e., supervisor, teacher, etc.)
Name	Phone No. Email Address	Relationship to Applicant (i.e., supervisor, teacher, etc.)

Volunteer Application Forms are kept on file for six months from date of receipt.

Declaration:

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteering or may cause my dismissal from volunteering.

Signature: _____ Date: _____

Name of Parent/Guardian for applicants under 18 years of age (please print): _____

Signature: _____ Date: _____

Thank you for considering volunteering with *The Aquatarium*.

Please complete and return to:

Aquatarium Volunteer Program Manager
 6 Broad Street
 Brockville, ON K6V 0C4
 volunteering@aquatarium.ca
 Phone: 613-342-9511