applegrove
community at its core

VOLUNTEER APPLICATION

Volunteer information

First Name		Last Name	
Street Number	Street Name	Suite/Unit Number	Telephone Number
City/Town	Province	Postal Code	Email Address
Emergency Contact		Emergency Contact Telephone Number	

Which programs are you interested in volunteering for? (check all that apply).

Prenatal ☐ EarlyON ☐ Children ☐ Youth ☐ Older adults & seniors ☐
Special events ☐ Office/clerical ☐ Fundraising ☐ Food Hub☐ Other: ☐_____

Please check days and times you are available.	Morning	Afternoon	Evening
Mondays	☐	☐	☐
Tuesdays	☐	☐	☐
Wednesdays	☐	☐	☐
Thursdays	☐	☐	☐
Fridays	☐	☐	☐
Saturdays	☐	☐	☐

What volunteer, work experience or special skills do you have?

What skills would you like to develop through your work with Applegrove?

Parental consent if under the age of 18:

I, the parent/guardian of_____, give them permission to volunteer with Applegrove.

Signature Date

The information on this form is collected under the authority of the Community Recreation Centres Act R.S.O. 1990, C. C22, and Chapter 25 of the Municipal Code of the City of Toronto. It will be used by Applegrove staff for administration of membership, agency mailings (including newsletter, surveys), and aggregate statistical reporting. Questions about this collection may be directed to: Susanne Burkhardt, Executive Director, Applegrove Community Complex, 60 Woodfield Road, Toronto, M4L 2W6 or phone 416-461-8143.

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MULTIMEDIA RELEASE

Program/event: _____

Individual/parent/guardian/substitute decision maker information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	Telephone Number

Other persons for whom permission is being given

First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name

I CONSENT to give Applegrove Community Complex (Applegrove) permission to photograph, videotape, audiotape and/or interview either myself, or the person(s) on whose behalf I am giving permission named above ("the recordings"), and to publish the recordings in Applegrove publications/materials, including marketing and promotional materials, and the Applegrove official Web site, both now and in the future.

The recordings shall constitute the exclusive property of Applegrove and may be reproduced by Applegrove and anyone it has authorized, without compensation or payment to the individual(s) being recorded or any other person.

If I am providing the permission on behalf of someone other than myself, I warrant that I have the authority to do so.

Signature: _____ Date: _____

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