

Volunteer information

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

Please check days and times you are available.	Morning	Afternoon	Evening
Mondays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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.

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

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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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