



2025 Volunteer Application Form – Applicant Information

- New Volunteer
 Returning Volunteer

Committee you are applying for _____
 Position (if known) _____

First Name

Last Name

Address

City

Province

Postal Code

Telephone No. (Home)

Telephone No. (Work)

Telephone No. (Cell)

Email Address

Preferred Method of Contact:

- Telephone (please circle one) Home, Work or Cell Email

Emergency Contact

Telephone No.

Languages

- English French Other _____
 Spoken Spoken Spoken
 Written Written Written

Availability

Please check the days and times when you are available to volunteer. Check all that apply

Day	AM	PM	Evening	Time of Year (Please circle)
Monday				All year round Summer (July – August) Fall (September – December) Winter (January – March) Spring (April – June)
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Skills and Qualifications

Interests and Hobbies

Are you 18 years of age or older? (If no, please provide your age. Must be at least 16)	Yes No Age: _____
Have you received training in Accessible Customer Service in the last three years? (If yes, please provide a certificate)	Yes No
Have you had any training in the Ontario Traffic Manual's Book 7 procedures? (If yes, please indicate date of last training)	Yes (Date) _____ No
Have you had a Criminal Record Check and/or Vulnerable Sector Screening completed within the last 3 years? (If yes, please provide a certificate)	Yes No

Notice of Collection

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of the MFIPPA. Personal information on this form will be used to assess the applicant's eligibility for volunteer positions or qualifications for appointment to one of the various committees. At no time will your personal information be disclosed without your express written consent. Questions regarding the collection, use and disclosure of this personal information may be directed to the Freedom of Information Coordinator, Clerk's Office, 636 St. Lawrence Street, PO Box 489, Winchester, ON K0C 2K0. **Volunteer Application Forms will be entered into the Township's Volunteer database and kept until December 31, 2025.**

Declaration

Volunteers chosen to work for the Township of North Dundas, will be required to complete a legal notice regarding risks and insurance coverage. I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from volunteering, or may cause my dismissal from volunteering.

____ I confirm that I am over 18 and consent to information included in this application to be entered into a volunteer database managed by the Township of North Dundas.

____ I confirm that my personal information can be shared with other committees involved with Township events who are looking for volunteers.

Signature

Date (yyyy/mm/dd)

Parent/Guardian consent for volunteers under 18 years of age

I, _____ hereby give my permission for _____
(Print Name of Parent/Guardian) (Print Name of Applicant)

to volunteer for the Township of North Dundas. I have read and understood the Notice of Collection above and consent to my child's information being collected as described above.

Signature

Date (yyyy/mm/dd)

LEGAL NOTICE – RISKS & INSURANCE COVERAGE *Please read carefully*

I confirm that I am an adult of at least 18 years of age (if I am under the age of 18, my parent/guardian will need to sign the Parental/Legal Guardian Consent Section)

Requirements for Volunteering with the Township of North Dundas

I agree to comply with the following when performing volunteering duties and related activities:

- I understand that this is a volunteer position and is unpaid, and that no employer-employee relationship is being created between me and the Township of North Dundas.
- I understand that I am representing the Township of North Dundas' public image when undertaking my volunteering duties. I will diligently carry out my volunteering duties and follow the directions provided by the Township of North Dundas staff or other authorized personnel.
- If I am permitted to use The Township of North Dundas' equipment, I will only use it for its intended purpose, following all directions and instructions, and in a safe and cautious manner.
- I may receive personal information of persons or confidential information during the course of my volunteering duties. I will keep all of this information strictly confidential, and not disclose it to anyone in any format unless my Township of North Dundas Volunteer Supervisor specifically authorizes me to do so.

Risks & Ability to Volunteer

I understand that my volunteer activities may involve personal risk, dangers and hazards which all volunteers are required to assume, including but not limited to contracting illnesses such as COVID-19.

I accept all risks, dangers and hazards as well as the possibility of personal injury and property damage or loss resulting from this activity.

I agree not to participate as a volunteer unless I am medically able to do so and am properly prepared. I agree to abide by any decision of a Township employee and/or Township Volunteer Supervisor concerning my ability to volunteer.

I grant permission do not grant permission to the Township of North Dundas and its agent(s) to use without compensation any photographs or videos of me taken during my volunteering duties for the purposes of promotion of Township activities or programs. I acknowledge this does not apply if taken in a public space where there is not a reasonable expectation of privacy.

Accident Insurance

I understand that I may be entitled to coverage under the Municipal Insurance policy obtained by the Township, subject to the specific terms, conditions, and exclusions of that policy. If I want more information about this policy, I will contact the Township.

Liability Insurance

I understand that the Township of North Dundas carries liability insurance which may apply to me in the event of a claim brought by a third party arising out of my performance in good faith of my volunteering duties. My coverage under the Township’s liability insurance policy will be subject to the terms, conditions and exclusions of the policy. If I want more information about this policy, I will contact the Township of North Dundas.

Acknowledgement

I _____ acknowledge that I have read the contents of this form
(Please Print Name)

Including the **Requirements for Volunteering** and the **Legal Notice**, that I understand them, and that I accept all of these terms.

(Signature)

Date: (yyyy/mm/dd)

Parent/Legal Guardian Consent

I _____ confirm that I am the parent or legal guardian
(Name of Parent/Guardian)

_____ who is a minor. By signing below I agree both for
(Name of Volunteer)

myself and on their behalf to the above-noted **Requirements for Volunteering** and **Legal Notice** and accept all of these terms.

Signature of Youth under 18

Signature of Parent

Print Name

Print Name

Date (yyyy/mm/dd)

Date (yyyy/mm/dd)

Thank you for considering volunteering with the Township of North Dundas.

Please complete and return by mail, email or fax:

Township of North Dundas, 636 St. Lawrence St., PO Box 489, Winchester ON K0C 2K0
info@northdundas.com ~ 613-774-5699 (fax) ~ 613-774-2105 (phone)

Office Use	Approved By:	Date: