



Kinbridge Community Association

8-125 Champlain Boulevard Cambridge, Ontario N1R2X6
200 Christopher Drive, Cambridge, Ontario, N1R 4X4
1-241 Southwood Drive, Cambridge, Ontario, N1S3S8
Phone: (519) 740-8565 Email: tracym@kinbridge.ca

To the extent that the foregoing information constitutes personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990, Charter M .56, as amended, the information is subject to the provisions of the Act and will be used for the purposes indicated or implied by the form. Questions about the collection of personal information should be directed to Executive Director of Kinbridge Community Association (519) 624-3855

Personal Data

Date: M____/D____/Y____

Last Name		Given Name(s)		Title Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/>	
Address		City	Province	Postal Code	
Day #: ()	Eve #: ()		Email:		
<input type="checkbox"/> home	<input type="checkbox"/> cell	<input type="checkbox"/> business	<input type="checkbox"/> home	<input type="checkbox"/> cell	<input type="checkbox"/> business

Please indicate your age category: Under 14 14-17 years 18-49 years 50-65 years Over 65

Please feel free to complete the following: Date of Birth _____
Month Day Year

Experience

Please list any work or volunteer experience that may be relevant.

Skills/ Hobbies/ Interests/ Certifications.

Volunteer Information

How did you learn about this volunteer opportunity?

Volunteer areas of interest: Board of Directors Youth Programs Fundraising
 Special Events Reception Maintenance Child Care Other _____

Please list days and times that you are available.

Volunteer Screening

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

Will you agree to a Police Records Check if it is required for a volunteer placement? Yes No

Emergency Contact & Medical Information

In case of an emergency while you are volunteering, who should be contacted?

Name: _____ Relationship: _____

Address: _____ Phone number: _____

Do you have any allergies, physical limitations, special needs, medical or health conditions that KCA staff should be aware of? _____

Volunteer References

Please provide the names of persons over the age of 18 who can supply information pertinent to your work/volunteer performance, and have known you for a minimum of 1 year. **(Non family references only)**

Reference Information	
1	Name: _____ Relationship: _____ Day time number #: _____ Evening Number: _____
2	Name: _____ Relationship: _____ Day time number #: _____ Evening Number: _____
3	Name: _____ Relationship: _____ Day time number #: _____ Evening Number: _____

I hereby authorize any individual, company or institution listed above to provide Kinbridge Community Association (KCA) with any information they may have concerning my work/volunteer performance, and I do hereby release such individual, company or institution from any or all liability by reason for providing such information. (Please sign below, to provide permission for KCA to contact your references.)

Volunteer Applicant Signature: _____ **Date:** _____

Photographic Release Waiver (optional)

I hereby give permission to Kinbridge Community Association (KCA) for use of my picture in any promotional material including advertising, brochures, publications, video productions and other uses. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium. I understand these materials may be used by KCA.

Volunteer Signature: _____ **Date:** _____

Thank you for considering a volunteer opportunity with Kinbridge Community Association