



VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Municipality of Mississippi Mills. Volunteers are key contributors to maintaining a healthy and vibrant community for present and future generations. Please provide us with the information below. If you are selected for the volunteer position, a municipal employee will contact you to provide additional information.

VOLUNTEER INFORMATION				
Name (Print):				
Address:				
Phone Number		Phone Number (Other)		
E-mail Address:				
Date of Birth dd/mm/yyyy:				
Volunteer Position:				
Emergency Contact:		Emergency Contact Phone:		
VOLUNTEER EXPERIENCE & CERTIFICATIONS			YES	NO
Do you have a current Standard First Aid and CPR-C Certificate?			<input type="checkbox"/>	<input type="checkbox"/>
Are you AED (Automated External Defibrillator) Trained?			<input type="checkbox"/>	<input type="checkbox"/>
Have you volunteered or applied to volunteer for Mississippi Mills in the past? <i>If yes, please describe:</i>			<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional certifications, qualifications or related experience that could be applied to a volunteer position with the Municipality?			<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of Volunteer Responsibilities:				
This section must be completed by the volunteer or by a Parent of Legal Guardian if the Volunteer is under the age of 18.				
<input type="checkbox"/>	I understand that potential volunteers may be required to undergo a screening process which could include an interview and reference check			
<input type="checkbox"/>	I understand that mandatory training sessions may take place prior to volunteer position commencement.			
<input type="checkbox"/>	I understand that upon acceptance of a volunteer position, I may be required to obtain a Police Vulnerable Sector Check (over 18) or a Police Information Check (under 18) prior to volunteering.			
<input type="checkbox"/>	I hereby certify that the information provided is correct, and any false statements made on this application will result in immediate termination of my volunteer position.			
<input type="checkbox"/>	I understand that the Corporation can refuse assistance of an individual to volunteer or to end a current volunteer opportunity. The Corporation is not required to provide reasons or rationale for these actions.			

Personal information contained on this form is collected in pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the Municipal Clerk.