



City of Pembroke
Recreation Department
Volunteer Registration Form

Name: _____

Phone (home): _____

Address: _____

Phone (work): _____

Postal Code: _____

Fax: _____

City: _____

Email: _____

Province: _____

Have you volunteered before?

YES / NO

Please list volunteering experience

- 1.
- 2.

What is your availability? (check at least one)

Weekdays / Evenings / Weekends / Special events only / Other Please specify

Personal References

- 1.
- 2.

How would you prefer to be contacted regarding volunteer opportunities?

Telephone / Email / Other: _____

What do you hope to gain by volunteering with us?: _____

Declaration:

I hereby declare that the information supplied above is true and complete to the best of my knowledge. I understand that a false declaration may disqualify me from further consideration as a volunteer or result in dismissal.

Signature: _____

Thank you for your interest in volunteering. We look forward to meeting you in person to discuss the various volunteer roles available and to find the most suitable one for you.

Please Note: You will need to supply two pieces of identification to us, so we can verify your identity and complete a police check in order to protect you, ourselves and the public at our events.