

# Application

The City of Belleville is an Equal Opportunity Employer and supports the spirit and intent of the Ontario Human Rights Code.



City of Belleville  
 Recreation, Culture &  
 Community Services Department  
 265 Cannifton Road  
 Belleville, Ontario K8N 4V8  
 Phone: 613-966-4632  
 Fax: 613-967-3207

The information collected on this form is collected in accordance with the Personal Information Protection and Electronic Act (PIPEDA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). This information will be used for employment purposes only.

Please print all information.

## ADULT/SENIOR VOLUNTEER APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Have you ever previously been employed by the City of Belleville; if "yes," state when and for what Department \_\_\_\_\_

### AREAS OF INTEREST: (Please Circle Yes or No)

- Seniors Centre Greeter **YES NO**
- Seniors Centre Program Leader **YES NO**
- Preschool Program Assistant **YES NO**
- Birthday Party Hosts **YES NO**
- Gymnasium Programs **YES NO**
- Fitness Department **YES NO**
- Aquatics Department **YES NO**

<b>EDUCATION</b>	Grade School/High School	6	7	8	9	10	11	12	13	(Please circle last grade completed)	Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Secondary School	Name of School			Program				Completed				
	College/University												

Can you make a six month commitment to this program? Yes \_\_\_\_\_ No \_\_\_\_\_

### VOLUNTEER EXPERIENCE (if applicable):

1. Organization: \_\_\_\_\_  
 Date: From \_\_\_\_\_ to \_\_\_\_\_  
 Duties: \_\_\_\_\_
  
2. Organization: \_\_\_\_\_  
 Date: From \_\_\_\_\_ to \_\_\_\_\_  
 Duties: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE (if applicable):**

1. Employer: \_\_\_\_\_  
Date: From \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Date: From \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_

**PLEASE DESCRIBE EXPERIENCE AND QUALIFICATIONS IN THE AREAS LISTED BELOW:**

**A/** Experience Working With People: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B/** Interests, Hobbies, Crafts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C/** Involvement in Sports/Fitness Training:  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

1. Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
3. Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I sign below giving the City of Belleville permission to verify all of the above information.  
I understand that if I falsified statements on this application it will be considered cause for dismissal from the position.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date