



Volunteer Application Form

Name: _____

Address: _____

Email: _____

Home #: _____ Cell #: _____

Emergency Contact Name: _____ Phone #: _____

Are you a student looking to complete your community service hours?

Yes ☐ No ☐ Grade: _____

1. Please indicate your availability:

☐ Mornings (Monday - Friday)

☐ Afternoons (Monday - Friday)

☐ Evenings ((Monday - Friday)

☐ Weekends

☐ No set amount. I'll volunteer as needed

☐ Other (explain) _____

2. What are your interests, hobbies and leisure activities?:

3. What type of volunteer position are you interested in?:

4. Employment Experience:

5. Volunteer Experience:

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Staff of the Town that is true, correct, and complete to the best of my knowledge. I understand that information contained on my application will be verified by the Town. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Town or my termination as a volunteer.

I consent to the Town completing a Criminal Record Check or VSS and reference check if applicable to the volunteer position.

Signature: _____ Date: _____

The Town of Tillsonburg is an equal opportunity employer and organization that is committed to providing an inclusive and barrier-free environment for volunteers. If your application requires accommodation please contact Human Resources, hr@tillsonburg.ca

Personal Information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Town Clerk, Town of Tillsonburg at clerks@tillsonburg.ca.



Volunteer Agreement and Release, Waiver of Liability and Indemnity Statement of Confidentiality

I, _____ understand that I will be volunteering for The Corporation of the Town of Tillsonburg ("Town") and that while volunteering, I will be under the direct supervision of a Town staff member.

As a volunteer, I fully understand and agree as follows:

1. That I will not receive any remuneration, salary, wages, payment or any employee benefits, or be covered by Workers' Safety and Insurance Benefits.
2. That except as authorized, I will not use the Town's facilities or equipment.
3. In consideration of being permitted to participate as a volunteer, I agree to assume all risk of loss or damage of any nature and kind, including death to myself or damage to my property while on any of the premises of the Town or elsewhere resulting directly or indirectly from my activities and performance as a volunteer.
4. That I have read and understand the HR policies assigned to me. Policies can be found here: [Corporate Policies - Town of Tillsonburg](#)
5. That all material prepared by me in the performance of my volunteer placement or volunteer services, including copyright therein, shall become the sole property of the Town. I waive any moral rights I may have with respect to all material prepared pursuant to this Agreement in favour of the Town and any of its assignees and licenses.
6. I agree to indemnify and save harmless the Town from and against all loss, injury, costs or damages of any form, type howsoever caused or arising, including litigation expense, or legal fees that the Town may incur or be exposed to due to any claim made against the Town arising out of or carrying out the volunteer activities.

By signing this Agreement, I acknowledge that I have read, understood and agreed to the above conditions, release, waiver and indemnity, and that I have been provided the opportunity to obtain legal advice prior to signing this document.

Date: _____

Volunteer's Name: _____ Signature _____

To be signed by parent/guardian if volunteer is under the age of 18.

Parent/Guardian Name: _____ Signature _____

Station #3
Maneuvering & Weaving

Station #6
Slow Race

Station #4
Stopping

Station #2
Hand Signaling

Station #5
Circling &
Changing
Direction

Station #7
Danger
Driveway

Helmet & Bike Fitting
Station # 1

J.L. McLean
Community
Outdoor
Recreation
Pad
MINI
RODEO

Rodeo Finish

Registration

First Aid & Refreshments

33 Barricades Blocking off
access to Back parking lot.

3 Barricades Blocking off access
to Back parking lot.



Back Parking Lot – Behind Community Centre

Road way

First Aid & Refreshments

Registration

3 Barricades Blocking off access
to Back parking lot.

Start

Start

Start

Start

Start

15 ft.

12 ft.

Enter

Stop

Brake

Helmet & Bike Fitting
Station # 1

Rodeo Finish

