W.J. Henderson Recreation Centre 322 Amherst Dr. Amherstview, ON. K7N 1S9 P. 613-389-3648 F. 613-634-4045



## Volunteer Application Form Aquatics Department

\*Please return completed form at least two weeks prior to program start date in person, fax or email\*

	Applicant Info	rmation	
Name:	Loot	Date:	
Address:	Last		
Address.			
Number	Street		Apt No., PO. Box, Unit No.
	City/ Town		Postal Code
School:		Grade:	Age:
Phone:	(Cell) Email:		
Emergency Contac	ct:	Relationsh	ip:
Phone: (Day)	(Cell):	(Work)_	
	Volunteer Info	rmation	
Volunteer Position	Selection: Assistant to the Wa	ter Safety Instructor	
Aquatic Skills and (Please provide inform Medallion, Cross, AWS	nation on your aquatic background	l (e.g. Swim Kids 10 o	r equivalent, Bronze Star,
1.			
•			
3			
Previous Volunteer Have you volunteered	Involvement: before? If Yes, please list the orga	nization and your posit	ion.
Agency/ Organizati	on		Volunteer Position

W.J. Henderson Recreation Centre 322 Amherst Dr. Amherstview, ON. K7N 1S9 P. 613-389-3648 F. 613-634-4045



## Volunteer Application Form Aquatics Department

What experience do you hope to gain through these volunteer positions?			
	Availability: e indicate the session and the days/ times you are available to volunteer for)		
SESS	ON AVAILABILITY		
0	Summer Daytime Lessons (Mon-Fri; July/August)		
0	Summer Evening Lessons (Mon&Wed Tue& Thu; July/August)		
DAYS	/ TIMES AVAILABILITY		
0	Summer Daytime 1: July 3 to 13, 9-11am		
0	Summer Daytime 2: July 16 to 27, 9-11am		
0	Summer Daytime 3: July 30 to Aug 10, 9-11am		
0	Summer Daytime 4: Aug 13 to 24, 9-11am		
0	Summer Evening 1 Mon&Wed: July 4 to 25, 6-7:30pm		
0	Summer Evening 1 Tue&Thu: July 3 to 26, 6-7:30pm		
0	Summer Evening 2 Mon&Wed: July 30 to Aug 22, 6-7:30pm		
0	Summer Evening 2 Tue&Thu: July 31 to Aug 23, 6-7:30pm		
What - -	can you expect?  To be contacted to discuss volunteer opportunities  To receive orientation, if selected to volunteer		
Police	e Checks with Vulnerable Sector Checks and other background checks are required for designated positions.		
	Signature (of applicant)  Date		
	If under 18, Parent/Guardian Signature is required.		

**Return this Application to:** 

Loyalist Township Recreation Department
Attn: Aquatic Program Coordinator

<u>aswitzer@loyalist.ca</u> p. 613-389-3648 x202 f. 613-634-4045