



Parks & Recreation
Recreation Division
VOLUNTEER HANDBOOK

519-442-6324

www.brant.ca

Safe, Fun, Quality Programs!



Community Services

Parks and Recreation Volunteer Application Form

How to Volunteer with the County of Brant:

1. Determine where your skills and interests are and what programs/services can meet your needs.
2. Fill out the Volunteer Application form.
3. Fill out the Publicity Release form.
4. Mail or drop off to :

<p>Parks and Recreation 66 Grand River St. N. Paris, Ontario N3L 2M2 Phone: 519-442-6324 Fax: 519-442-3461</p>
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Please note: volunteers will be required to complete a police check prior to their start date.



VOLUNTEER APPLICATION

Parks & Recreation

66 Grand River St. N., Paris, ON 519.442-6324 1.888.250.2296 www.brant.ca

Name: _____ Date: _____
Phone: _____
Address _____
City: _____ Postal Code _____

EDUCATION:

Secondary School: _____ Grade Completed: _____
Community College: _____ Program: _____
University: _____ Major: _____

List any certificates/diplomas/licenses awarded:

Other courses, workshops, and seminars:

List any skills that could be applicable to programs:

VOLUNTEER HISTORY:

Organization: _____ Dates: _____
Duties/Experience: _____

Organization: _____ Dates: _____
Duties/Experience: _____

Is there any specific program or group you would be interested in volunteering for?

What times would you be available to volunteer?

PERSONAL REFERENCES:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

INTERESTS:

**Please submit to: Parks and Recreation
66 Grand River St. N. Paris, Ontario N3L 2M2
Phone: 519-442-6324 Fax: 519-442-3461**

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PUBLICITY RELEASE FORM

I, _____, give the County of Brant
(Name)

my permission (or permission as parent/guardian for
_____)

(Participant's Name)

to use my/their photograph and/or story as part of its Community Relations/ Marketing/
Recreation Promotional activities. I also give my permission to be identified in the
following

manner:

_____ First and last name

_____ First name only

_____ Initials only

_____ I do not wish to be identified.

I understand that all photographs/stories become the property of the County of Brant
and that, unless I request otherwise, the photographs/stories will not be returned to me.

Signature

Date

Signature of Witness

Date

**The information is managed in accordance with the requirements of
the Municipal Freedom of Information and Protection of Privacy Act,
RSO 1990 and the Personal Health Information Protection Act 2004.**