



# Corporation of the Town of Smooth Rock Falls

## Volunteer Application Form

### Applicant Information

- New Volunteer  
 Returning Volunteer  
 Board or Committee: Committee/Board applying for: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ Telephone No. (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact:  Telephone – Home or Cell \_\_\_\_\_  Email

Emergency Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

### Availability

Please check the days and times when you are available to volunteer. Check all that apply.

Day	AM	PM	Evening	Time of Year
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All year round <input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Summer <input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fall <input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Winter <input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spring <input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### Pertains to those applying for Boards and Committees ONLY

Are you the owner or tenant or the spouse of an owner or tenant of land in the Town of Smooth Rock Falls?	<input type="radio"/> Yes <input type="radio"/> No
Are you 18 years of age or older?	<input type="radio"/> Yes <input type="radio"/> No

Are you legally entitled to work in Canada?	<input type="radio"/> Yes <input type="radio"/> No
---	---

Why are you interested in volunteering for the Town of Smooth Rock Falls and what qualifications or skills what make you most suitable for this volunteer position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Application Forms are kept on file for six months from date of receipt.

**Notice of Collection:**

*Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of the MFIPPA. Personal information on this form will be used to assess the applicant’s eligibility for volunteer positions or qualifications for appointment to one of the various committees or boards. At no time will your personal information be disclosed without your express written consent. Questions regarding the collection, use and disclosure of this personal information may be directed to the Freedom of Information Coordinator, Clerk’s Office, 142 First Avenue, PO Box 249, Smooth Rock Falls, Ontario P0L 2B0 or by email at [Nathalie.Vachon@townsrf.ca](mailto:Nathalie.Vachon@townsrf.ca)*

**Declaration:**

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteering or may cause my dismissal from volunteering.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for considering volunteering with the Town of Smooth Rock Falls!**

Please complete and return by mail, in-person or by email:

Town of Smooth Rock Falls  
142 First Avenue  
PO Box 249  
Smooth Rock Falls, ON P0L 2B0  
[Nathalie.Vachon@townsrf.ca](mailto:Nathalie.Vachon@townsrf.ca)  
Tel: (705) 338-2717 ext. 7