

Volunteer Application

Ward 11 Office

Ward 11 Office
City of Mississauga
300 City Centre Drive, 3rd Floor
Mississauga, ON L5B 3C1
Phone: 905-896-5011
Email: george.carlson@mississauga.ca

ATTENTION APPLICANT

We appreciate your interest in volunteering with the Ward 11 Office. Completed applications may be returned to the Ward 11 Office in person, via mail or email at the address noted above. **Please note that you will be volunteering for the Ward 11 Office, not for the Corporation of the City of Mississauga.**

Applicant Information

Applicant Name	Last Name	First Name
Address	City	Postal Code
Residence Phone No.	Cell No.	Business No.
Fax	Email Address	

Volunteer Specifics

Select the types of events that you prefer:

- | | |
|---|---|
| <input type="checkbox"/> Tree Planting | <input type="checkbox"/> Heritage Events |
| <input type="checkbox"/> Litter Cleanup | <input type="checkbox"/> Holiday Events (New Year Open House) |
| <input type="checkbox"/> Environmental Events | <input type="checkbox"/> Community Events |

List the types of volunteer opportunities you are looking for:

List relevant work and/or volunteer experience you have: (attach resume if desired)

Position	Agency	Duration

Select the time of day you prefer to volunteer:

- Morning Afternoon Evening

Select the days of the week:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours per day

Availability:

Start Date	End Date
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Certifications and Skills

List certificates, courses and education that you possess:

List other relevant skills that you may have:

References

Please list two references (ie. teacher, employer, last place volunteered at, etc.) References may be contacted.

Name	Relationship	Phone No.	Contact Time
			<input type="checkbox"/> Day <input type="checkbox"/> Evening
			<input type="checkbox"/> Day <input type="checkbox"/> Evening

Authorization

Applicant's Signature _____ Date _____

Note: Only those persons who are 14 or older are eligible to be volunteers with the Ward 11 Office. In addition, anyone who is under the age of 16 requires the consent of their parent/guardian

Parent / Guardian Name _____

Parent / Guardian Phone No. _____ Day _____ Evening _____

Parent / Guardian Signature _____ Date _____

PRINT FORM