



# WELLAND/PELHAM CHAMBER OF COMMERCE COMMUNITY VOLUNTEER APPLICATION

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Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Education specialty (if applicable): \_\_\_\_\_

Have you ever Volunteered for communities of Welland or Pelham? Yes  No

If yes, where and when? \_\_\_\_\_

Do you have a Valid: CPR  First Aid  Smart Serve  Driver's License

Please describe special training, skills hobbies: \_\_\_\_\_

Describe prior volunteer experience in other clubs, organization, events, etc: \_\_\_\_\_

If you have a disability, what accommodations would you require for this volunteer position?

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Are you 18 years of age or older?                      Yes                       No

Are you a Student?    Yes                       No

What do you hope to gain from this volunteer experience? \_\_\_\_\_

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Have you ever been convicted of a crime for which a pardon has not been received?

Yes                       No

### **Volunteer Opportunities**

**Please check all that you are interested in:**

Comments: \_\_\_\_\_

- Beverage Ticket Sales
- Beverage Service (Smart Serve required)
- Crossing Guards (experience an asset)
- General Labour
- Vendor Runner
- Parking Attendant
- Supervisor of Children's Area (experience mandatory)
- Children's Area Helper
- Volunteer Pool
- Volunteer Registration
- Clean Up Crew
- Technical Crew (Sound/Lighting/Computer)

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References: Please provide one reference who is not related to you:

Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

Do you want your educational institution kept informed of your volunteer achievements?

Yes     No     If yes, How? \_\_\_\_\_

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**Please read the following carefully before signing this application:**

I understand that this is an application form and not a commitment or promise of a 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 the Volunteer Coordinator that is true, correct and complete to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application may be verified by the Welland/Pelham Chamber of Commerce. I understand that misrepresentations or omission may be cause for my immediate rejection as an applicant for a volunteer position or termination as a volunteer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return all completed applications forms to:**

Welland/Pelham Chamber of Commerce  
32 East Main Street  
Welland, ON  
L3B 3W3