



IF THE POSITION YOU HAVE CHOSEN IS NOT AVAILABLE, WOULD YOU ACCEPT A DIFFERENT POSITION? YES \_\_\_\_\_ NO \_\_\_\_\_

### REFERENCES

IN THE SPACE PROVIDED, PLEASE LIST THREE REFERENCES WHO ARE NOT MEMBERS OF YOUR FAMILY. FOR EXAMPLE: A PROFESSIONAL, AN EMPLOYER A FRIEND, ETC.

1. NAME: \_\_\_\_\_ PHONE (RES): \_\_\_\_\_ (BUS): \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE (RES): \_\_\_\_\_ (BUS): \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE (RES): \_\_\_\_\_ (BUS): \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

### AUTHORIZATION FOR COLLECTION OF PERSONAL INFORMATION

A signature is required. Please present a signed copy of this application form to the Parks, Recreation & Leisure Services at North Bay City Hall, 2<sup>nd</sup> Floor, thirty (30) calendar days before the event. Those under 18 years of age will require a parent/guardian signature as well.

As a volunteer with the City of North Bay, I hereby agree to follow all guidelines and standards set by the City. I realize that an authorized employee may terminate my services without notice. I also acknowledge that the City does not carry disability or Worker's Compensation Benefit insurance coverage for my benefit. By my signature on this application, I authorize the verification of the above information and any other necessary inquiries which may be needed to determine my suitability for a volunteer position with the City of North Bay.

\_\_\_\_\_ I CONSENT TO THE ABOVE INFORMATION  
Initials

### CONSENT FOR CRIMINAL RECORD SEARCH

Whereas I am interested in being considered for a sensitive position of trust and well being of the City of North Bay event and program participants and I am required by the City of North Bay to disclose whether or not I have any convictions or have been charged under any federal or provincial enactment:

And whereas I understand that disclosure of a criminal record may not necessarily preclude me from performing duties/functions/responsibilities I am interested in:

And whereas I understand that, if the City of North Bay should decide any conviction or charge disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that criminal record to determine whether or not my criminal record indicated that I present a risk to participants.

I, therefore, authorize the RCMP, other Provincial or Municipal Police Services on my behalf to inquire into and determine whether or not I have a criminal record, and also make to the City of North Bay members a full and complete disclosure of any criminal record they may find. I also make this authorization with the understanding that I may be required to provide my fingerprints to verify a criminal record and the fingerprints will be returned to me when the record is adjudicated

\_\_\_\_\_ I CONSENT TO THE ABOVE INFORMATION  
Initials

I, \_\_\_\_\_, authorize the City of North Bay to collect personal  
(Name of applicant)

information for the position applied for to verify the character references I have supplied, which may also include a criminal reference check. I understand the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

SIGNATURE OF VOLUNTEER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**VOLUNTEER MEDICAL INFORMATION**

Please provide the requested information so the City of North Bay staff/volunteers can assist you in the event of a medical emergency.

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

1) Do you have any allergies? YES or NO  
If YES, please List:

\_\_\_\_\_

2) Do you have a disability that you would like the City of North Bay staff to be aware of to help ensure your safety and comfort? YES or NO  
If YES, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER AGREEMENT**

I understand and acknowledge that The Corporation of the City of North Bay (hereinafter referred to as the "City of North Bay") holds a municipal liability policy to defend against claims by third parties. The limit of this policy for all damages arising out of one accident or occurrence or a series of accidents or occurrences from one cause to third parties is limited to \$5,000,000.00. Any volunteer worker of the City of North Bay will be defended under this policy from any third party claims.

I further understand and acknowledge that the City of North Bay does not carry disability or Worker Compensation coverage for my benefit.

I further understand and acknowledge that an authorized employee of the City of North Bay may terminate my services as a volunteer with the City of North Bay at any time without notice or cause.

I agree to follow all guidelines, standards and codes of conduct which may be set by the City of North Bay. I further agree to follow all federal, provincial and municipal laws and regulations when working as a City of North Bay volunteer.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature  
(If volunteer is less than 18 years of age)**

\_\_\_\_\_  
**Date**