

## Leisure Buddy Program - Volunteer Registration Form

Date:

**Please Print Clearly**

Personal Information	
Last Name:	First Name:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
<input type="checkbox"/> Your Age is 55+ (Optional to Disclose)	
Emergency Contact Name:	
Phone:	Relationship to You:

Availability	
Mondays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Tuesdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Wednesdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Thursdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Fridays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Saturdays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Sundays	<input type="checkbox"/> Morning (8:30 am-12 noon) <input type="checkbox"/> Afternoon (12 noon-4:30 pm) <input type="checkbox"/> Evening (4:30-8:30 pm)
Are you able to commit to the Age Friendly Leisure Buddy Program for one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Transportation
What Modes of Transportation are Available to You? Check all that apply.
<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Cycling  <input type="checkbox"/> Walking <input type="checkbox"/> Other: _____

Access to Areas in the City of London
Which of the following areas of the City of London you are able to access? Check all that apply.
<input type="checkbox"/> North west (Canada Games Aquatic Centre, Gibbons Park, Medway Arena & Community Centre) <input type="checkbox"/> North east (North London Optimist CC, Stoney Creek YMCA & Library, Stronach Community Centre) <input type="checkbox"/> South east (Horton Street Seniors' Centre, Hamilton Road Seniors' Centre, Carling Heights Optimist) <input type="checkbox"/> South west (Kiwanis Seniors' Community Centre, Bostwick YMCA & Library, Berkshire Club)

**Relevant Volunteer or Work Experience**

Position 1  
Position 2

Organization: \_\_\_\_\_ Length of Position \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_

Organization: \_\_\_\_\_ Length of Position \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_

**Other Skills or Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you speak any languages other than English? If yes, please list below:**

\_\_\_\_\_

**References (Please list a minimum of 2 references)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**What do you hope to gain from this position?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What are your interests, hobbies, and leisure activities?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Consent:**

I hereby authorize the Corporation of the City of London to obtain references from the above individuals in connection with my application for a volunteer position.

I hereby authorize the above named individuals to provide a reference in connection with my application for a volunteer position with the City of London, and release them from any liability in regard to it.

**I hereby certify that all information included in this application form is true and complete.**

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

**Thank you for your interest in volunteering with the Leisure Buddy Program!**

**Please return your completed application to:  
Michelle Dellamora  
Neighbourhood, Children, and Fire Services, City of London  
355 Wellington Street, Suite #248  
P.O. Box 5045, N6A 4L6**

**If there is a position available we will contact you for an interview.**

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The personal information collected on this form is collected under the authority of the *Municipal Act 2001 as amended*, and will be used to administer the Age Friendly Leisure Buddy program. Questions about this collection should be addressed to Michelle Dellamora at 355 Wellington St., Suite 248, London, Ontario, N6A 3N7. Tel: (519)661-CITY (2489) ext. 7208.