



Town of Blackfalds | Abbey Centre
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McKay Ranch Outdoor Aquatic Centre Volunteer Form

Volunteer Information

First Name:	Last Name:	
Mailing Address:		
Home Phone:	Mobile Phone:	
Email Address:	Birth Date: (mm/dd/yyyy)	
Emergency Contact:	Phone:	Relation to Volunteer:

Skills, Interests, Experience, Education & Hobbies (Attach a Resume if Available)

Completed Aquatics Awards:			
<input type="checkbox"/> Red Cross Swim Kids 10	<input type="checkbox"/> Bronze Star	<input type="checkbox"/> Bronze Medallion	<input type="checkbox"/> Bronze Cross
<input type="checkbox"/> Standard First Aid – CPR	<input type="checkbox"/> Red Cross WSI	<input type="checkbox"/> Lifesaving Society - NL	<input type="checkbox"/> Other _____
Volunteer Hours Per Week/Month:	Best Day(s) & Time(s) Volunteer is Available:		

Reasons for Volunteering (Optional)

Personal Satisfaction Work Experience Meet New People Other _____

List Volunteer Experience (include membership in clubs & organizations)

Reference 1	Relationship to Volunteer	Contact Information
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Volunteers 18 years of age and older are required to provide:

--- Criminal Record Check --- Vulnerable Sector Search --- Basic First Aid

McKay Ranch Outdoor Aquatic Centre Volunteer Form cont.

Volunteers will be assisting the aquatic staff with daily tasks. These tasks include, but are not limited to:

- Shadow Guarding
- Shadow Instruction
- Slide Monitor
- Spray Park Monitor
- Special Events Activities.

1. Please indicate what months you would like to volunteer for?

May June July August

2. What inspired you to apply for this program?

3. Based on the volunteer experience you listed previously, explain in detail, what your responsibilities were?

4. What aquatic experience do you have? Ex, Swim Lessons, Jr. Lifeguard, Swim Club, Volunteering, Etc.

5. What does it mean to you to be part of a team?

6. What specific skills or abilities do you have that would be an asset to McKay Ranch Outdoor Aquatic Centre Volunteer program?

7. Is there any other information you would like to share with us?

Volunteer Signature

Date (mm/dd/yyyy)

Parent/Guardian Signature (if under 18)

Date (mm/dd/yyyy)

FOIP Disclaimer Statement

Personal information collected on this form will be used to facilitate contact and placement of volunteers for Town of Blackfalds, McKay Ranch aquatics programs. This information is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of the Act. Questions regarding the collection and/or use of this information may be directed to the Records Management & FOIP Coordinator at foip@blackfalds.com or by phone at 403.885.6370.