

# CHRA

## Country Hills Recreation Association

The CHRA is community based non-profit organization  
Operated by dedicated volunteers.

### Volunteer Application

Please complete this form in full and return it to the CHCC office. Your application will be forwarded to the CHRA Volunteer Coordinator. If you wish, attach a copy of your resume to this form.

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

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

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

When is the best time to contact you?  Daytime  Evening  Weekdays  Weekends

Are you applying for community involvement hours for school? ?  Yes  No

How much time do you want to commit to? \_\_\_\_\_

Due to the nature of these positions, it is necessary for CHRA to be aware of any conflicts with the law and its volunteers. Have you ever been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

What type of volunteer opportunity would you enjoy? You may check more than one.

**Sports Programs:**

- Youth
- Adult

**Program Support:**

- Youth
- Adult

**Newsletter:**

- Preparation

**Special Events:**

- Planning
- Assisting

**Online:**

- Website Design
- Website Maintenance
- Social Media

**Other:**

- Cleaning Toys/Equipment
- Board of Directors
- Office Work

Why are you interested in volunteering with CHRA?

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What skills and talents do you wish to share with CHRA? Please list any specialized training, education and skills you have acquired. (i.e. – first aid, leadership experience, languages)

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What do you hope to gain from this volunteer experience?

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Thank you for taking the time to explore the volunteer opportunities with the CHRA. Once we receive this completed form, we will provide you with information about suitable opportunities and our screening placement process.

In signing this application, I hereby certify that the information given on this application form is true and correct.

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

If you are between 13 and 17 years of age, a parent/guardian signature is required.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information relating to the volunteer recruitment process is maintained in a confidential file. It will be used to determine eligibility for placements, maintain volunteer records and to communicate information. It may be shared with City of Kitchener staff for administrative purposes, implementation and evaluation. Completion of this form and permission to share this information with the City of Kitchener staff is required in order to volunteer with the CHRA.

I give permission to share the information on this application with CHRA volunteers/staff and City of Kitchener staff.

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