

# VOLUNTEER PACKAGE



**Volunteer Philosophy:** To engage citizens of the Saanich Peninsula in meaningful volunteer placements that provide the opportunity to gain work experience and new skills, meet new people, enrich lives and give back to the community.

## **Benefits of Volunteering with Panorama Recreation:**

- ✓ Gain employable skills through training and volunteer experiences
- ✓ Gain professional experience for potential career interest
- ✓ Meet new people and give back to your community
- ✓ Receive support from staff and recreation coordinators
- ✓ Complete your volunteer hours required for graduation
- ✓ Depending on commitment, may be eligible for facility access

## **Steps to Volunteering with Panorama Recreation:**

- STEP 1**
  - Please complete the following Application Form. Completed applications may be returned to Reception at Panorama Recreation Centre or Greenglade Community Centre.
- STEP 2**
  - Following submission and review of your application, the Coordinator of the area will contact you to set up a meeting. The intent of the meeting will be to discuss your suitability, availability and interest in volunteering, plus provide you the opportunity to ask questions about the opportunity and learn more about volunteering with Panorama Recreation. References may be contacted.
- STEP 3**
  - You will be contacted by the Coordinator if you are selected for a volunteer opportunity. You will be required to complete a Criminal Records Check (free of charge with presentation of a request letter that will be provided to you by Panorama Recreation).
- STEP 4**
  - Once your Criminal Records Check has been processed, please notify the Coordinator. A volunteer orientation will be arranged – and then your placement will begin!

**Further questions?** Please call Panorama Reception at 250-656-7271. They will direct you to the appropriate Coordinator depending on the department area or specific opportunity you are interested in volunteering for.

**VOLUNTEER APPLICATION FORM**

**PART 1 – Applicant Information:**

Name:	
Address:	
Primary Phone Number:	Secondary Phone Number:
Date of Birth: DD/MM/YYYY	Email Address:
Emergency Contact Name:	Emergency Contact Relationship to You:
Emergency Contact Primary Phone Number:	Emergency Contact Secondary Phone Number:

**PART 2 – Type of Volunteering:**

**What type of volunteering are you interested in?** Please check all that apply.

<input type="checkbox"/> Early Years	<input type="checkbox"/> School Age	<input type="checkbox"/> Youth/Teens	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adult	
<b>Aquatics</b>	<b>Community Recreation</b>	<b>Fitness</b>	<b>Arena</b>	<b>Sports</b>	<b>Other</b>
<input type="checkbox"/> Aquatic Day Camps <input type="checkbox"/> Fun Leader <input type="checkbox"/> Pool Parties <input type="checkbox"/> Shadow Guard <input type="checkbox"/> Swim Lessons <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Art <input type="checkbox"/> Birthday Parties <input type="checkbox"/> Cooking <input type="checkbox"/> General Day Camps <input type="checkbox"/> Kindergym <input type="checkbox"/> Licensed Childcare <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Instructor Shadow <input type="checkbox"/> Personal Training <input type="checkbox"/> Rehab Programs <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Skate Monitoring <input type="checkbox"/> Skating Lessons <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Sport Day Camps <input type="checkbox"/> Physical Literacy <input type="checkbox"/> Group Programs <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Adaptive Recreation <input type="checkbox"/> Community Garden <input type="checkbox"/> Inclusion Support <input type="checkbox"/> Pottery Studio <input type="checkbox"/> Special Events <input type="checkbox"/> Other: _____ _____ _____

**Are you applying for a specific opportunity that has been advertised?**       **Yes**       **No**

**If yes, which position and how did you hear about it?**

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## VOLUNTEER APPLICATION FORM

### PART 3 – Qualifications:

**Do you possess specific skills, experience or certifications relevant to this volunteering? Please share.** Additional, aquatics-specific pieces listed below.

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**Do you hold a current first aid certification?** Not required but, an asset.

- Yes**                      If yes, what level of first aid? \_\_\_\_\_
- No**

**AQUATICS ONLY:** Please check off successfully completed awards and list expiration date(s).

	Certification Name	Certified?		Expiry (DD/MM/YYYY)
		Yes	No	
<b>Lifesaving</b>	Bronze Star	<input type="checkbox"/>	<input type="checkbox"/>	
	Bronze Medallion	<input type="checkbox"/>	<input type="checkbox"/>	
	Bronze Cross	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Lifeguarding</b>	NL Pool	<input type="checkbox"/>	<input type="checkbox"/>	
	NL Waterpark	<input type="checkbox"/>	<input type="checkbox"/>	
	NL Waterfront	<input type="checkbox"/>	<input type="checkbox"/>	
	NL Surf	<input type="checkbox"/>	<input type="checkbox"/>	
<b>First Aid</b>	SFA (Standard First Aid, Intermediate First Aid, Occupational First Aid 2)	<input type="checkbox"/>	<input type="checkbox"/>	
	EFA (Emergency First Aid, Basic First Aid, Occupational First Aid 1)	<input type="checkbox"/>	<input type="checkbox"/>	
	CPR-A	<input type="checkbox"/>	<input type="checkbox"/>	
	CPR-C	<input type="checkbox"/>	<input type="checkbox"/>	
	AMOA (Airway Management & Oxygen Administration)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Swim Instruction</b>	Swim Instructor	<input type="checkbox"/>	<input type="checkbox"/>	

## VOLUNTEER APPLICATION FORM

### PART 4 - Availability:

If you are applying for a general placement, please indicate your current availability (i.e. Mondays 9-11am). If you are applying for a specific opportunity, please refer to the posting. Specific times of commitment may have been noted.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have a minimum and maximum number of hours per week or month you can volunteer? Please indicate here:

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### PART 5 - References:

**References:** Please list personal or professional references that we may contact if needed.

Name	Phone Number	Relationship to You
1.		
2.		
3.		

VOLUNTEER APPLICATION FORM

**PART 6 - Terms:**

I understand that my services must be in conformance with the tasks described in the volunteer position description or orientation session.

I understand that in the event of personal injury I am not covered by WCB but instead would be eligible for benefits under the CRD Volunteer AD&D Policy (subject to terms and conditions).

I understand that I am responsible for the safety and security of all my property and possessions.

I understand that a criminal record check will be required (free of charge).

I understand that the Capital Regional District will indemnify me against any claims for damages arising out of the performance of my duties and, in addition, pay amounts required for the protection, defence or indemnification arising therefrom provided that I am not guilty of dishonesty, gross negligence, or willful misconduct or the cause of the action libel or slander.

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

Date Signed (DD/MM/YYYY): \_\_\_\_\_

Thank you for your interest in volunteering with Panorama Recreation!

Please return your completed application form to Reception at Panorama Recreation Centre or Greenglade Community Centre. The Coordinator of the appropriate department/position will contact you.

<b>FOR OFFICE USE ONLY</b>
Date received:
Received by:
Coordinator receiving:
Date applicant contacted: