



Volunteer Application Form

Operation Lifesaver
901-99 Bank Street, Ottawa, Ontario K1P 6B9
Tel: (613) 564-8100 Fax: (613) 567-6726 Email: admin@operationlifesaver.ca

APPLICANT IDENTIFICATION (please print)

Last Name _____ First & Other Given Names _____
Maiden Name _____ Gender Male Female
Date of Birth (YYYY-MM-DD) _____ Place of Birth _____
Telephone (Residence) _____ Telephone (Business) _____
Facsimile _____ Email _____
Languages Spoken English French Other _____

CURRENT & PREVIOUS ADDRESSES (for last five years)

Address _____ Apt./Unit _____
Municipality _____ Province _____ Postal Code _____
Address _____ Apt./Unit _____
Municipality _____ Province _____ Postal Code _____

EMPLOYMENT INFORMATION (if applicable)

Organization _____ Job Title _____
Immediate Supervisor _____ Telephone _____
Address _____ Apt./Unit _____
Municipality _____ Province _____ Postal Code _____

EXPERIENCE (in other organizations)

Organization _____ Job Title _____
Reporting to _____ Telephone _____
Address _____ Apt./Unit _____
Municipality _____ Province _____ Postal Code _____
Organization _____ Job Title _____
Reporting to _____ Telephone _____
Address _____ Apt./Unit _____
Municipality _____ Province _____ Postal Code _____

REFERENCES

Name _____ Years Known _____

Relationship _____ Telephone _____

Address _____ Apt./Unit _____

Municipality _____ Province _____ Postal Code _____

Name _____ Years Known _____

Relationship _____ Telephone _____

Address _____ Apt./Unit _____

Municipality _____ Province _____ Postal Code _____

BECOMING AN OL VOLUNTEER

Please state in your own words your reason for wanting to become an Operation Lifesaver volunteer.

WAIVER & RELEASE

The applicant hereby certifies that the information in this application is complete and accurate. The applicant further authorizes Operation Lifesaver and its sponsoring member agencies to contact their employer and/or references to determine the applicant's suitability as a volunteer member of Operation Lifesaver. The applicant further agrees to submit to a police record check as required by the Operation Lifesaver Policy and Guidelines.

Signed this _____ Day of _____ Year _____

Signature of Applicant _____

Name of Operation Lifesaver Sponsoring Member Agency _____

Name of Operation Lifesaver Sponsoring Member Agency Representative _____

Signature of Operation Lifesaver Sponsoring Member Agency Representative _____

OFFICIAL USE ONLY

Sponsoring Member Agency: _____
