

## CERTIFIED GROUNDS TECHNICIAN (CGT)

### STEP I: APPLICANT CONTACT INFORMATION

.....  
EMAIL

MR  
 MS .....

FIRST NAME LAST NAME

.....  
TITLE/POSITION EMPLOYER

HOME  
 BUSINESS .....

ADDRESS

.....  
TOWN/CITY PROVINCE/STATE POSTAL/ZIP CODE

.....  
HOME PHONE BUSINESS PHONE

### STEP II: DESIGNATION REQUIREMENTS

I, ..... certify that I have successfully completed the following requirements in order to be awarded the Certified Grounds Technician (CGT) designation:

- hold "Individual Membership" in the ORFA
- have Grade 12 education
- have two years full-time work experience in parks/grounds operations
- have completed the following ORFA-approved courses with a minimum 60% passing grade:
  - Grounds Operations and Maintenance
  - Grounds Management and Operations
  - Legal 1

.....  
NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT) TITLE

.....  
AUTHORIZED REPRESENTATIVE'S SIGNATURE BUSINESS PHONE

.....  
APPLICANT'S SIGNATURE APPLICATION DATE

**NOTE: All CGT holders are required to recertify every five years.**

### STEP III: STATEMENT OF DECLARATION AND CODE OF ETHICS

I wish to apply for an ORFA professional designation and to the best of my knowledge, the information presented as part of this application is true and correct. I understand the ORFA reserves the right to confirm this information, as required. If I am awarded an ORFA professional designation I agree to abide by the Code of Ethics and understand that I must maintain an individual membership with the ORFA.

ORFA professional designation holders shall:

- hold learning and continuing professional development as fundamental to support and promote the Association's professional designation programs
- demonstrate respect for client dignity and rights and foster practices of inclusion in all aspects of professional activity
- not knowingly contravene or cause to be contravened, any legislation, act, regulation or by-law which relates to their position or the registration program
- be aware of the responsibility to client, employer and community, and to minimize the risk of injury or liability
- strive to maintain the community and employer trust and refrain from any inappropriate practice which may lead to or appear to lead to personal gain
- hold personal knowledge and information gathered in normal business activity as confidential and immediately acknowledge any and all appearance of conflict of interest
- practice and encourage a code of moral behaviour anticipated by our clients, employers and Association.

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SIGNATURE OF APPLICANT DATE

**STEP IV: APPLICATION SUBMISSION** Please forward your completed application form to: Ontario Recreation Facilities Association Inc., 1 Concorde Gate, Suite 102, Toronto, ON M3C 3N6.