

Youth Centre Volunteer Application

Date: _____

A. PERSONAL INFORMATION:

Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Telephone: _____ Cell: _____

Date of Birth: month: _____ day: _____ year: _____

School Attending: _____ Grade: _____

☐ Male ☐ Female

Emergency contact person:

Name: _____ Phone No.: _____

Relationship: _____

Medical restrictions that may affect your volunteer work?: _____

B. BACKGROUND:

Interests: Please check area of interest:

☐ Fundraising ☐ Office Work ☐ Committee Work ☐ Special Events

☐ Displays ☐ Photography ☐ Group Facilitation

☐ Other _____

Previous Work Experience: _____

C. VOLUNTEER INFORMATION:

Previous Volunteer experience: _____

Why are you interested in volunteering at the Youth Centre? _____

Are you a Career Preparation student? If yes, what program? ☐ Yes ☐ No

Program: _____

Area of Interest: (Check one or more)

☐ Office ☐ Host ☐ Peer Leader ☐ Fundraising

☐ Activity Committee ☐ Special Events ☐ Other _____

D. AVAILABILITY: (Please check all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

REFERENCES:

Name: _____ Phone No: _____

LEGAL GUARDIAN CONSENT- (Required for volunteers under 19)

Parent Name: _____ Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Interview Date: _____

Reference Check: _____

Orientation: _____

Placement: _____

Evaluation: _____

Follow-up: _____