



Erin Mills Youth Centre

Volunteer Application Form

All information gathered will be kept confidential and used only by Erin Mills Youth Centre.

Applicant Information

Last Name:		First Name:	
Title:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Middle Name(s):	
Address:		Date of Birth (DD/MM/YYYY):	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Preferred contact method:			
Do you have a valid driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Licence class:	
Have you ever been convicted of an offence under the Youth Criminal Justice Act or adult law? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Area(s) of Interest

Please rank your preferences of which type of volunteering you would like to perform (1st choice, 2nd choice etc.)

Note that not all positions are available at all times and in all areas.

<input type="checkbox"/>	Middle school youth mentor	<input type="checkbox"/>	Finance Committee	<input type="checkbox"/>	Board of Directors
<input type="checkbox"/>	High school youth mentor	<input type="checkbox"/>	Fundraising Committee	<input type="checkbox"/>	Administrative support
<input type="checkbox"/>	Breakfast program	<input type="checkbox"/>	Programming Committee	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Presentations/Guest Speaking	<input type="checkbox"/>	Other/ Program of Interest (Please Specify):		

Previous Experience

Why are you interested in volunteering with Erin Mills Youth Centre?

What training or qualifications do you have that would be beneficial in your area(s) of interest with the agency?

How did you hear about the volunteer program at the Erin Mills Youth Centre (Check all that apply)

<input type="checkbox"/>	Display	<input type="checkbox"/>	Called/Dropped in	<input type="checkbox"/>	Volunteer Centre	<input type="checkbox"/>	Internet
<input type="checkbox"/>	Poster/Flyer	<input type="checkbox"/>	EMYC Staff	<input type="checkbox"/>	School	<input type="checkbox"/>	Another Volunteer
<input type="checkbox"/>	Public Event	<input type="checkbox"/>	Friend/ Relative	<input type="checkbox"/>	Other (Please Specify):		

Commitment

Less than 6 months 6 months to 1 year Ongoing

Other (Please Explain):

Volunteer Availability

Please indicate which days and times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 6:30- 9:30am							
Afternoon 3:00- 6:00pm							
Evening 7:00- 10:00pm							

References

Please supply name and phone numbers of references we may contact on your behalf:

- Name: _____ Phone number: _____
Relationship to applicant: _____
- Name: _____ Phone number: _____
Relationship to applicant: _____
- Name: _____ Phone number: _____
Relationship to applicant: _____

***Applicants under the age of majority (18) must have a parent/guardian fill out the following:**

I am aware of and support my child/legal dependant's decision to volunteer with the Erin Mills Youth Centre.

Name: _____

Relationship to Applicant: _____

Telephone Number: _____

Parent/Guardian Signature

Date (DD/MM/YYYY)

By checking this box I **certify that** the information in this form is correct and complete. I understand that I am required to supply a **clear Vulnerable Sector Criminal Reference check before volunteer work may commence.**

Applicant's Signature

Date (DD/MM/YYYY)

Please attach your resume to this completed application form