

**VOLUNTEER APPLICATION**

**General Information**

Name: \_\_\_\_\_

Birth date (month/day/year): \_\_\_\_\_ Email: \_\_\_\_\_

Phonel # \_\_\_\_\_

Address: \_\_\_\_\_

City/town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

**Education/ Employment/ Experience**

1. Do you have experience working with people in transition or at-risk youth? Yes \_\_\_ No \_\_\_

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. List any special skills that would be useful for us to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List past education/ volunteer experience if relevant to volunteer position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time Commitment**

Are you willing to commit to a volunteer orientation session (2 hrs) Yes \_\_\_ No \_\_\_

How often are you wishing to volunteer: Weekly \_\_\_ Bi-weekly \_\_\_ Special Events \_\_\_

Approximately, how many volunteer hours per month? \_\_\_\_\_

**Volunteer Interest**

What volunteering roles interest you?

- Host Home
- Supportive Living Program
- Recreational / Arts (sports, walking, arts, music, etc)
- Fundraiser
- Action Committee
- Mentor lifeskills (gardening, laundry, cooking, etc )
- Moving Crew (helping youth with moving)
- Front Desk (administrative, welcoming into drop-in space, answering main phone)

Are there any other areas of volunteer work you would be interested in? Additional Comments?

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|---|------------------------------|-----------------------------|
| I am willing to get a criminal record check done:                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am willing to get a child abuse registry check:                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am willing to sign a confidentiality agreement                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am willing to read and respect the Child Protection Policy                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am in agreement with the Vision and Values of the Portal Youth Outreach Association | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**References**

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Relationship to applicant: _____	Relationship to applicant: _____