

# [Volenteer](https://assignbuster.com/volenteer/)

SCARBOROUGH YMCA VOLUNTEER APPLICATION FORM ` PERSONAL INFORMATIONMr. Mrs. Ms. First Name: ????? Last Name: ????? Address: ????? Apartment No. :????? City: ????? Prov: ????? Postal Code: ????? Home Phone: (??? )??? -???? Cell: (???? )??? -???? Email: ????? Volunteer Shirt Size: ????? Membership #: ????? No Membership| PLEASE LIST TWO REFERENCES (Other than relatives / not related to you)EMAIL REQUIREDMr. Mrs. Ms. (click to see options)Name: ????? Relationship: Phone: (??? ) ??? -???? Email: ????? Notes: (For volunteer coordinator use only)Mr. Mrs. Ms. (click to see options)Name: ?????

Relationship: Phone: (??? ) ??? -???? Email: ????? Notes: (For volunteer coordinator use only)| SCHOOL INFORMATION Not ApplicableSchool Name: ????? How many hours do you require? ????? Time frame: From ????? to ????? (ex. Feb 2010 to Feb 2013)| IN WHICH AREA(S) WOULD YOU LIKE TO VOLUNTEER: (click to see options)Preference #1: Preference #2:| Emergency Contact Information: Name:????? Telephone: (??? )??? -???? Relationship (click to see options) If you have any questions please contact: Scarborough YMCAc/o Myra Narvaza(416) 296-9907 x408myrabelle.[email protected]org| AVAILABILITYPlease indicate when you would be available to volunteer: Timeframe| Mon| Tues| Wed| Thu| Fri| Sat| Sun| AMBETWEEN6am-10am WEEKENDS 7am-10 am| | | | | | Between| Between| MID #1 BETWEENBetween10am-4pm| | | | | | | | MID #2 BETWEENBetween4pm-8pm| | | | | | | | PMBETWEEN8pm-12am| | | | | | | | | OTHER INFORMATION (Volunteer Coordinator Use Only) INTERVIEW DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGEDate of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* 14 – 15 yrs. Proof of Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_16 yrs. n: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* 16 above; Clearance Letter Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDIA RELEASE FORM DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AODA SELF-STUDY CONFIRMATION EMAIL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFICATION / QUALIFICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tentative Assignment: (Program Area //Day/s //Time/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTES:| ORIENTATION INVITE EMAIL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Operating Policies Procedures Manual copy AODA Self Study linkORIENTATION DATE & TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|