

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering your time to help at the Edward C. Gartland Youth Centre.

Please complete all sections of this form to the best of your ability, and contact us on 331-9602 or alternatively via email info@ecgyouthcentre.com if you have any questions.

It is also important that you provide us with a police check from your local police station along with a copy of your passport and TCI status i.e. Belonger, PRC, Work Permit. We know you will understand that all volunteers have to be vetted before being able to work with young people.

Thank you and we look forward to your future involvement.

PERSONAL INFORMATION			DATE OF	APPLICATION			
Name					Da	ate of Birth	
Address					•		
Phone Number							
Email Address							
Place Of Work							
Gender	Male	Fema	ale	Primary Language(s)			
What type of program o	r activity	are you i	nterested	in?			
What skills, training or k	nowledge	e do you v	wish to ut	ilize at the youth	centr	e?	
Please list any previous	volunteer	experier	nce?				



		Wednesday	Thursday	Friday	Saturday	
<u> </u> !						
start?						
references	(NOT family n	nembers) whom v	we might cont	act		
,	Address	PI	Phone/Email		Relationship	
		start?	o references (NOT family members) whom v	o references (NOT family members) whom we might cont	o references (NOT family members) whom we might contact	



VOLUNTEER AGREEMENT

All volunteers with the Edward C. Gartland Youth Centre who wish to work with children must sign this form.

As a volunteer with the Edward C. Gartland Youth Centre;

I agree to work under the direction of the Manager or his/her designate.

I agree to be guided by the mission statement of the Youth Centre.

I agree to conduct myself in a way that will uphold the values and reputation of the Youth Centre.

I agree to make the safety and security of the children with whom I work a priority.

Full Name	(Please print)			
Signature				
Date				