



Youth Volunteer Application Form
(for youth age 18 and under)

CONFIDENTIAL

Personal Information

First Name:	Address:	
Last Name:		
	City:	
Date of birth: ____ / ____ / ____	Province:	Post Code:
E-mail:	Phone (home):	
	Phone (cell):	

Emergency Contact Information

First Name:	Relationship:	
Last Name:	Address:	
Phone (home):		
Phone (work):	City:	
Phone (cell):	Province:	Post Code:

Availability

I am available:
(please circle all that apply)

Mornings Afternoons Evenings Weekends Other _____

The best day/time to reach me is: _____

I would like to volunteer for:
(please circle all that apply)

One time events On-going events A full day A few hours

Is this volunteer opportunity with the George Jeffrey Children's Foundation part of the 40 hour Community Involvement high school graduation requirement? YES / NO

Please list any limitations to your activities:
(please circle any that apply)

Lifting Walking Other _____

Please list any health concerns that you feel the George Jeffrey Children's Foundation should be aware of.
(e.g. food allergies, medical conditions)

Do you hold a valid driver's licence? YES / NO

If yes, which level do you hold? G1 G2 G M1 M2

Do you have access to a reliable vehicle? YES / NO

Previous Volunteer Experience

Have you previously volunteered with the George Jeffrey Children's Foundation?

NO YES If yes, which initiatives were you involved with and when? _____

Have you previously volunteered with any other non-profit organization or group? If yes, please provide details below.

from	to	organization	type of experience

I am interested in volunteering for the following tasks/duties:

How did you first hear about the George Jeffrey Children's Foundation?

[please mark appropriate method(s) with an "X"]

-Newspaper
-Radio
-Television

-Website
-Word of mouth
-Friends/colleagues

Other:.....
(Please specify)

References

1st reference

2nd reference

Title & name:

Title & name:

Relationship:

Relationship:.....

.....

.....

Address:

Address:

.....

.....

Post code:..... Country:.....

Post code:..... Country:.....

Phone:

Phone:

e-mail :

e-mail :

Volunteer Privacy and Parental/Guardian Consent

___ I do not wish to have my name or image appear in print, or to be used for other promotional purposes.

I agree to the George Jeffrey Children’s Foundation collecting relevant information about me in relation to my application to volunteer for the Foundation. The information collected will only be used for internal purposes in accordance with Canadian and Provincial Privacy Law.

___ I recognize and acknowledge that I have the right to refuse any work that I feel is unsafe.

As a volunteer, I accept the responsibility to maintain my knowledge/understanding of my volunteer role and remain current on all emergency codes procedures. I commit to participating in any training and evaluation activities related to my volunteer position.

My (daughter/son) _____ has my permission to serve as a volunteer with the George Jeffrey Children’s Foundation.

Signature of parent/guardian Date:

Signature of applicant: Date:

We encourage you to review this volunteer application. If you have any questions or concerns please contact the George Jeffrey Children's Foundation at 623.6050 or refer to the George Jeffrey Children’s Foundation website at www.georgejeffreymfoundation.com

Please send this registration form to: Volunteer Recruitment, George Jeffrey Children’s Foundation,
200 E. Brock St. Thunder Bay, ON P7E 0A2
Tel:(807)623.6050 Fax:(807) 623.7161

BECAUSE OUR KIDS JUST WANT TO BE KIDS