

VOLUNTEER APPLICATION FORM

Personal Data:

Title: Miss Ms. Mrs. Mr. Other: _____

Last Name: _____ First Name: _____

Address: _____ Apt.#: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Home): _____ (Cell): _____ (Work): _____

E-mail Address: _____

Have you ever utilized YWCA programs or services? No Yes Describe: _____

Work and Education History (Please include resume if available):

Are you currently employed? No Yes (Part-time Full-time)

If yes, where: _____

Previous work experience: _____

Are you currently a student? No Yes (Part-time Full-time)

Name of School: _____ Grade Level/Degree: _____

Previous education:

What is the highest grade level / degree you have attained? _____

Volunteering Experience:

Have you had previous volunteer experience? No Yes

If yes, where: _____

Skills/Interests (Please list any skills, knowledge of other languages, interests, qualifications which you feel are relevant):

Reasons for Volunteering

Gain work-related experience Mandatory community service Desire to help others

Interest in community involvement School requirement Other: _____

Program Selection:

Please check (✓) the type of volunteer involvement you are interested in:

- Administrative/Retail Support Special Events/Projects Children's Programming
 Residential Support Maintenance/Gardening Board/Committees
 Tutoring Other: _____

Are you interested in volunteering at a specific location? No Yes Where: _____

Please check the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References:

Applicants must provide names of two (2) references. Please note that family members are not eligible to provide references. Suggested references: employer, professor/teacher, doctor, lawyer, social/welfare worker.

Name	Title	Relationship to you	Phone Number and Email

Applicants under 16 years of age require parental signature of consent.

Parent's Name_____
Parent's Signature

In recognition of the trust inherent in serving children and vulnerable adults and to fulfill the requirements of the Ministry of Community and Social Services, in some cases a police record check will be required prior to the acceptance of an individual as a volunteer of the YWCA Toronto.

I hereby give permission to the YWCA Toronto to check the provided references and to conduct a criminal record check. I understand that volunteer placement is conditional upon receipt of satisfactory references and police check. I declare that the information provided in the application is true and accurate.

Signature of Applicant_____
Date

The YWCA Toronto respects your privacy and adheres to all legislative requirements with respect to protecting privacy. Your personal information will be used for the volunteer application process and related program purposes such as notification about recognition events. From time to time, YWCA Toronto may contact you about upcoming events, programs and fundraising opportunities. If you prefer not to receive this information, please tick this box:

Please return to:

Becky Thomas, Philanthropy Department
 87 Elm Street, Toronto, ON M5G 0A8
 Phone: (416) 961-8101 x332 Fax: (416) 961-7739
 Email: BThomas@ywcatoronto.org