

Comox Valley Youth Unlimited // YFC

Main Office: 4729 Headquarters Rd, Courtenay, V9N 9H4

Phone: 250.338.8416

Email: comoxvalley@yfccanada.org

Web: www.yfccomoxvalley.com

VOLUNTEER APPLICATION FORM

Date: _____

PERSONAL INFORMATION

Name:

Last First Middle Initial

Birthdate: _____ Sex: Male Female
(dd/mm/yyyy)

Present Address:

No. Street City Province Postal Code

Telephone No. (home) _____ (cell) _____

Email Address _____

EXPERIENCE

Do you have any volunteer experience? YES NO

If yes, please provide information regarding this experience.

Please indicate your Volunteer Level of interest:

Level 2 volunteers are those who wish to help lead programs, assisting a staff member as the need arrives.

They will be in a high trust environment with youth and leaders.

Level 1 volunteers are those who wish to help support the work of Comox Valley YFC with little to no interaction with youth or leadership responsibilities.

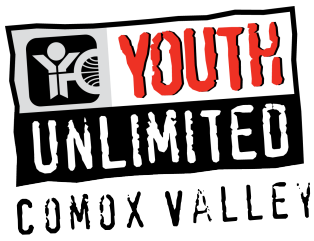
TIME AVAILABLE FOR VOLUNTEER INVOLVEMENT

Please provide the times that you are able to volunteer:

Mornings Afternoon Evenings Weekends

Comments: _____

Every young person living fully in Christ



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HOBBIES & INTERESTS

Please describe your hobbies and interests.

SPECIAL SKILLS / TRAINING

Please describe any special skills you possess or any specific training you may have.

Do you have experience working with youth? YES NO

If yes, please provide information.

EMPLOYMENT & EDUCATION Please fill out Section A if you are currently employed, and Section B if you are currently attending school.

SECTION A:

Present Employer: _____ Position: _____

Part Time Full Time Length of time you have worked for this employer _____

Main Responsibilities _____

Supervisors Name: _____ Supervisors Phone or Email _____

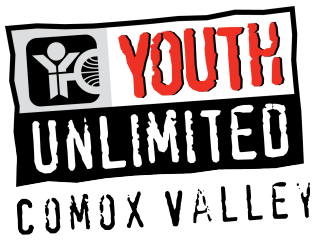
May we contact your employer? Yes No

SECTION B:

Present School: _____

Program: _____ Part Time Full Time

What year of the program are you currently in?: _____



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OTHER INFORMATION

Name of Church, if attending: _____

Why do you desire to be a part of the YU/YFC Volunteer Team _____

In light of your personal abilities, what would you like to see accomplished through your time with CVYU / YFC

If you could develop a special group around your interests/ abilities, what would it be?

REFERENCES

Please provide three references:

1. Name: _____

Relationship (friend, employer, etc.): _____

Home Phone #: _____ Email: _____

2. Name: _____

Relationship (friend, employer, etc.): _____

Home Phone #: _____ Email: _____

3. Name: _____

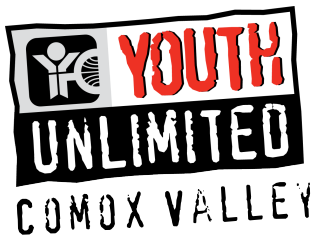
Relationship (friend, employer, etc.): _____

Home Phone #: _____ Email: _____

This application form and the information contained therein are being provided in confidence and shall not be disclosed to any person other than Comox Valley Youth Unlimited. I, the undersigned declare that all information given is true, and understand that will fully providing false information will result in dismissal from potential volunteer work with Comox Valley Youth Unlimited/YFC.

Signature: _____ Date: _____

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Please note: All volunteers who will be in contact with youth or other vulnerable persons will be required to submit a Criminal Record Check.

FOIPP Consent Form

Due to the freedom of Information and Protection of Privacy Act (FOIPP), Comox Valley Youth Unlimited / YFC (CVYU) requires written permission for the following:

- To release your name and telephone number to CVYU /YFC volunteers for the purpose of contacting you about volunteer requirements, special events, evaluations, service delivery surveys, and/or meetings.
- To use your photos and/or name to promote and advertise CVYU/YFC programs and services. (Eg. displays, web site, media articles or pictures and/ or static display boards.)

I, _____, hereby give my permission to Comox Valley Youth Unlimited /YFC to release my personal information for the purposes listed above.

Signature _____ Date _____

Witness _____ Date _____

Getting Connected

- Please add me to the Mailing List so that I can receive quarterly newsletters via email or mail (circle one).
- Please add me to the email contact list so that I can receive short, monthly, e-news updates.
- I would like to know more about how to financially partner with Comox Valley Youth Unlimited and/or one of their staff members.