

## VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name:

\_\_\_\_\_

Last First Middle Initial

Birthday: \_\_\_\_\_ 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: \_\_\_\_\_



Main Office: 4729 Headquarters Rd, Courtenay, V9N 9H4  
Phone: 250.338.8416  
Email: [comoxvalley@yfc.ca](mailto:comoxvalley@yfc.ca)  
Web: [www.yfccomoxvalley.com](http://www.yfccomoxvalley.com)

**HOBBIES & INTERESTS**

Please describe your hobbies and interests.

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**SPECIAL SKILLS / TRAINING**

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

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Do you have experience working with youth?  YES  NO

If yes, please provide information.

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**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: \_\_\_\_\_

Every young person living fully in Christ

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.