



Uxbridge Youth Centre Volunteer Application

Name: _____ Date: _____

Address: _____

Phone: (H) _____ (W): _____

May we call you at work? Yes _____ No _____

Email address _____

Emergency Number (if available) _____

Education: *Please describe briefly the education you have received noting any special training you feel might be of benefit at the centre:*

Experience: *Please list volunteer, paid and life experience you have and/or attach a recent resume. (if additional space is required please use the back of this page).*

Please list any special skills, languages, hobbies, or interests that you have. You can also make a suggestion as to where you see that you can provide assistance to The Uxbridge Youth Centre.

Availability:

Potential Start Date: _____

What are your best days for volunteering: (i.e.. weekdays/evenings, weekends)

How long do you plan on volunteering: _____

Are there any restrictions that you wish to advise us about in terms of your volunteering with The Uxbridge Youth Centre ?

References

Please provide the name/phone number and organization (if applicable) of three persons, not related to you, whom you have known for more than one year for reference purposes:

1. Name: _____

Business/Organization: _____

Telephone Number: _____

2. Name: _____

Business/Organization: _____

Telephone Number: _____

3. Name: _____

Business/Organization: _____

Telephone Number: _____

All volunteers 18 and older will be required to complete a criminal reference check

Thank you for your interest.