|  |
| --- |
| HIGH SCHOOL STUDENT VOLUNTEER APPLICATION FORM |
| Student Name |       | Preferred Name |       |
|  |  |
| Address |       |
|  |  |  |  |  |  |
| Town |       | Postal Code |       | Phone # |       |
|  |
| Email Address |       | Preferred Contact | [ ]  Phone | [ ]  Email |
|  |
| Best time to contact you: | [ ]  Anytime | [ ]  8:30 am - noon | [ ]  1:00 pm – 4:30 pm | [ ]  After 5:00 pm |
|  |  |  |  |
| Date of Birth: |       | Entering Grade |       |
|  |  |  |  |
| Emergency Contact |       | Phone # |       |
|  |  |  |  |  |  |  |  |
| Languages | English: | [ ]  Spoken | [ ]  Written |  | French: | [ ] Spoken | [ ]  Written |
|  | Other: |       | [ ]  Spoken | [ ]  Written |
|  |  |  |
| Are you volunteering to meet school volunteer requirements? | [ ]  Yes | [ ]  No |
| Name of School: |       |
|  |
| Areas of Volunteer Interest: (please check all areas you are interested in volunteering with) |
| [ ]  Special Events Helper | [ ]  SPARK After Program Assistant | [ ]  Mentor to Newcomer to Canada |
|  |
| Availability: |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Afternoon |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Evening |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |  |
| Mode of Transportation: |
| [ ]  Access to vehicle | Type of license: | [ ]  G1 | [ ]  G2 | [ ]  G | [ ] Access to public transit | [ ] No access to transit or vehicle |
|  |  |  |  |  |  |  |  |
| Work and Volunteer Experience |
| 1. Company/Organization Name:
 |       | [ ] Employed | [ ] Volunteered |
| Title: |       | Employed/Volunteered from: |       | to |       |
|  |
| 1. Company/Organization Name:
 |       | [ ] Employed | [ ] Volunteered |
| Title: |       | Employed/Volunteered from: |       | to |       |

References

South Essex Community Council seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Please provide the names of two references that we may contact (preferably individuals from organizations where you have volunteered or worked. The reference must be available at a local number or email address, and not a family member).

|  |  |
| --- | --- |
| 1. Name:
 |       |
|  |  |  |  |
| Company/Organization: |       | Relationship: |       |
|  |  |  |  |
| Email Address: |       | Daytime Phone #: |       |
|  |  |
| Name the organization knows you as |       |
|  |  |
| 1. Name:
 |       |
|  |  |  |  |
| Company/Organization: |       | Relationship: |       |
|  |  |  |  |
| Email Address: |       | Daytime Phone #:  |       |
|  |  |
| Name the organization knows you as |  |
|  |  |  |
| Are you willing to undergo a free Police Records Check if required: | [ ]  Yes | [ ]  No |

Declaration

|  |
| --- |
| I hereby declare that the above information is true and complete to the best of my knowledge and I authorize South Essex Community Council to follow up on any information disclosed and to check references:  |
| [ ]  Yes | [ ]  No |
| Student Signature |  |  Date: |       |

Parental Consent (Volunteers under age 18 must have permission from a parent or guardian)

|  |  |  |
| --- | --- | --- |
| I am aware that |       | would like to volunteer with |
| suitable SECC programs and I give my approval. |
| Parent/Guardian Name: |       |
| Parent/Guardian Signature: |  | Date: |        |

Please return completed form to Volunteer Services at South Essex Community Council, who will contact you to follow up on your application or schedule an interview. For more information contact 519-326-8629.