



SAINT LUKE'S PLACE YOUTH VOLUNTEER APPLICATION FORM

NAME: _____
Last Name First Name

ADDRESS: _____
Number and Street City Postal Code

TELEPHONE: _____ Best Time to Call: _____

E-MAIL ADDRESS: _____

ARE YOU BETWEEN THE AGE OF 14 AND 17? _____

NAME OF PARENT/GAURDIAN: _____

GRADE LEVEL: _____ SCHOOL _____

1. Why do you want to volunteer at Saint Luke's Place?

2. What are you hoping to learn through your experience at Saint Luke's Place?

3. What skills or interests would you like to share through your volunteer work? (reading, music, technical skills, etc.)

FOR OFFICE USE ONLY

Date Application Received: _____

Contact Date: _____

Interview Date: _____

Revised: Dec 2016

4. Please describe any personal or volunteer experience you have with seniors.

5. Would you prefer to work in a group or individually? Why?

6. Are your volunteer hours for the completion of high school? YES NO

If no, what are the hours for? _____

How many hours do you need to do? _____ By what date? _____

VOLUNTEER ASSIGNMENT

I am able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9:30-11:00							
After School 3:30-5:00							
Evening 5:30-7:30							

I am interested in:

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Recreation – music programs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Recreation – small group programs |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Recreation – large group programs |
| <input type="checkbox"/> Dining room assistant | <input type="checkbox"/> Recreation – special events |
| <input type="checkbox"/> One to One visitor | <input type="checkbox"/> Other (please specify): |

REFERENCES

Please give the names and contact information for two references: (This is not to be a relative. Teachers or employers are acceptable.)

1. Name: _____

Phone Number: _____

Email Address: _____

How do you know this person? _____

2. Name: _____

Phone Number: _____

Email Address: _____

How do you know this person? _____

I AGREE

- I give Saint Luke's Place permission to contact the persons named as references to ascertain my suitability as a volunteer.
- I certify that the above information is correct and realize that any falsified information could lead to my termination as a volunteer.
- I understand that submitting this application form does NOT yet register me as a Saint Luke's Place volunteer. The following qualifications must be met before I may begin volunteering.
 - A personal interview with the Volunteer Coordinator.
 - The acceptance of established volunteer policies, procedures and contract.
 - Participating in orientation and training related to volunteer assignment.
 - ***Orientation for student volunteers will take place in September and February only.

By submitting this form, I attest that the information I have provided on this form is true and accurate.

Signed name

Printed Name

Date

ALL INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE

Thank you for taking the time to read and fill out this form. We now have an accurate record of your skills, experience and interests which will enable us to make the best match for you, with a present or future volunteer opportunity.

Nicole Bassarab
Volunteer Coordinator

519 658 5183 ext. 264

socialwork@saintlukesplace.ca