



# 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 15 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: \_\_\_\_\_

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 |
|---------------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| <b>Morning<br/>9:30-11:00</b>         |        |         |           |          |        |          |        |
| <b>After<br/>School<br/>3:30-5:00</b> |        |         |           |          |        |          |        |
| <b>Evening<br/>5:30-7:30</b>          |        |         |           |          |        |          |        |

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**