



# Volunteer Application Form

## Personal Information

Name (First, Initial and Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Have you ever been an employee, volunteer or client of Youth Impact Jeunesse?

- No                       Employee                       Volunteer                       Client

Are you over the age of 19 and no longer in high school?     Yes     No - you need written consent from a parent or guardian

## Profile Questionnaire

What is your interest in volunteering with Youth Impact Jeunesse?

What are the challenges at-risk and homeless youth face?

What experience, training, and skills have prepared you to volunteer with Youth Impact Jeunesse?

What are your interests and hobbies?

Do you consent to the release of a criminal record check?  Yes  No

Are you willing to use your vehicle for volunteer purposes?  Yes  No

Where did you hear about us?

Type of volunteer work that interests you (check all that apply)

- Drop-in Centre Assistant     Maintenance     Office Support     Fundraising  
 Special Events     Transportation     Specific Knowledge/Skills (specify below)     Other (specify below)

Specify (if applicable from previous question)

### Availability

- | Monday                             | Tuesday                            | Wednesday                          | Thursday                           | Friday                             | Saturday                           | Sunday                             |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   |

### References

Please include a combination of any of the following: professional (present or past employers/volunteer agencies), academic (educator), character (someone who has known you for at least 1 year).

1. Name

Phone Number  Relationship

2. Name

Phone Number  Relationship

3. Name

Phone Number  Relationship

*I certify the above information is, to the best of my knowledge, correct and complete. I give permission to Youth Impact Jeunesse to contact the above references.*

Please submit by e-mail or print and return to:

Youth Impact Jeunesse  
C/O Youth QUEST Central  
199 St. George Street  
Moncton, NB E1C 1V6

Signature  Date