



# VOLUNTEER APPLICATION

## PERSONAL INFORMATION

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LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

ADDRESS:

CITY:

Province

Postal Code

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

No

Employee

Client

Volunteer

Are you over the age of 19?

Yes

No (written consent required)

## PROFILE QUESTIONNAIRE

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What is your interest in volunteering with Youth Impact Jeunesse?

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

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

What are your hobbies and interests?

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 Youth Impact Jeunesse?

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

Drop-in Centre

Maintenance

Special Events

Transportation

Office Support

Special Skills/Knowledge

Fundraising

Other

### AVAILABILITY

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Morning	Monday Friday	Tuesday Saturday	Wednesday Sunday	Thursday
Afternoon	Monday Friday	Tuesday Saturday	Wednesday Sunday	Thursday
Evening	Monday Friday	Tuesday Saturday	Wednesday Sunday	Thursday

### REFERENCES

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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.*

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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  
youthquestcentral@youthimpact.org

Signature:

Date: