



Volunteer Application Form

*Thank you for completing this form. Please print clearly.
All information gathered will be kept confidential and will be used only by The YEAH Foundation.*

GENERAL INFORMATION

Last Name: _____ First Name: _____ Initial: _____
Address: _____ Apt/Unit#: _____
City: _____ Province: _____ Postal Code: _____
Home Telephone: _____ Business Telephone: _____
May we call you at work? Yes No
Fax Number: _____ Cell Phone Number: _____
Other: _____ E-mail Address: _____
Preferred contact method: _____
Valid Driver's License: Yes No If Yes, Class: _____ License #: _____

APPLICANT PROFILE QUESTIONS

The YEAH Foundation adheres to and complies with the provisions under the provincial and territorial Human Rights Acts.

Are you legally entitled to work in Canada? Yes No

Have you ever been employed by, or volunteered with, The YEAH Foundation?

Yes No

If yes, please specify where, when, and your position or role.

List any previous and/or current volunteer activities outside The YEAH Foundation .

How did you hear about the volunteer program at The YEAH Foundation? (Check all that apply.)

- | | | | |
|---------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Display | <input type="checkbox"/> Called/Dropped-in | <input type="checkbox"/> Volunteer Centre | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Poster/Flyer | <input type="checkbox"/> YEAH Staff | <input type="checkbox"/> School | <input type="checkbox"/> Television |
| <input type="checkbox"/> Public Event | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Internet | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Local Branch | <input type="checkbox"/> Another Volunteer | <input type="checkbox"/> Other (please specify): | |

Describe your main reasons for wanting to volunteer. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Interest in community involvement |
| <input type="checkbox"/> Gain experience & develop skills | <input type="checkbox"/> Establish work record & build resume |
| <input type="checkbox"/> Meet people & network | <input type="checkbox"/> Other (please specify): |

What special skills, training or qualifications do you have that you would like to use in your volunteer role (e.g., accounting, public speaking)?

Which computer software programs do you have experience working with?

Language:

- | | | | |
|-------|--------------------------------|-------------------------------|--------------------------------|
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |

The YEAH Foundation may give my name only to other agencies or businesses with which it is partnered or affiliated that may wish to offer YEAH volunteer discounts or group rates on goods and/or services.

- Yes No

REFERENCES

1. Present or former employers/volunteer agencies;
2. Educational institutions;
3. Acquaintance belonging to a recognized profession who has known you for at least 2 years (to be used if #1 and #2 are not an option).

Name:

Address:

Telephone Number:

Relationship to Applicant:

Name:

Address:

Telephone Number:

Relationship to Applicant:

Name:

Address:

Telephone Number:

Relationship to Applicant:

I certify that the information in this application is correct and complete. I agree to behave in accordance with the Fundamental Principles of The YEAH Foundation. I give my permission to The YEAH Foundation to contact the above references and to obtain, if required, a criminal record check and/or a driver's abstract. I understand that I will be advised in advance if a criminal record check and/or a driver's abstract is required. I understand that if I am below the age of majority I must have my parent/guardian sign and provide their contact information below.

Signature of applicant

Date

I am aware and support _____'s decision to volunteer with The YEAH Foundation.

Name: _____ Telephone: _____

Address _____

Signature of parent/guardian of applicant below age of majority

Date