
SECTION B – PROFESSIONAL INFORMATION

OCCUPATION: _____

HOW LONG: _____ HOURS OF WORK PER WEEK: _____

BUSINESS ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____

STUDENT (IF APPLICABLE)

NAME OF SCHOOL: _____

AREA OF STUDY: _____

WHAT TYPE OF EMPLOYMENT HAVE YOU EXPERIENCED?

SECTION C – VOLUNTEER INFORMATION

WHAT SKILLS/INTERESTS/HOBBIES DO YOU POSSESS AND FEEL YOU CAN SHARE WITH A YOUTH?

HAVE YOU HAD PREVIOUS EXPERIENCE WORKING WITH YOUNG PEOPLE AND THEIR FAMILIES? YES NO

IF YES, PLEASE DESCRIBE IN DETAIL, THE NATURE AND DURATION OF INVOLVEMENT.

ARE YOU PRESENTLY INVOLVED WITH ANY OTHER AGENCY/ ORGANIZATION? (IF YES, PLEASE LIST)

NUMBER OF HOURS PER WEEK YOU ARE CURRENTLY COMMITTED TO OTHER PROJECTS: _____

HOW MANY HOURS PER WEEK ARE YOU PREPARED TO DONATE TO AYSP'S VOLUNTEER PROGRAM? _____

ALL AYSP VOLUNTEERS ARE REQUIRED TO COMMIT TO ATLEAST ONE YEAR IN THE VOLUNTEER PROGRAM. ARE YOU ABLE TO MAKE A ONE-YEAR COMMITMENT?

YES NO

ALL VOLUNTEERS ARE EXPECTED TO COMPLETE A SIX-WEEK TRAINING PROGRAM, (ONE EVENING PER WEEK, FOR SIX WEEKS). ARE YOU PREPARED TO PARTICIPATE IN THIS TRAINING?

YES NO

PLEASE CHECK OFF WHICH OF THESE APPLIES TO YOUR AVAILABILITY. (CHECK MORE THAN ONE IF IT APPLIES)

DURING THE DAY EVENINGS WEEKENDS

WHY DO YOU WISH TO BECOME A VOLUNTEER?

HOW/THROUGH WHOM DID YOU HEAR ABOUT THIS VOLUNTEER PROGRAM?

AS PART OF AYSP'S SCREENING PROCESS, WE REQUEST A ROUTINE CHECK OF LOCAL POLICE RECORDS FOR ANY OFFENCES, OTHER THAN MINOR TRAFFIC VIOLATIONS. WOULD YOU OBJECT TO SUCH A CHECK?

YES

NO

IN SIGNING BELOW, I INDICATE I HAVE READ AND COMPLETED THE FORM TO THE BEST OF MY ABILITY.

I HEREBY OFFER MY SERVICES AS A VOLUNTEER WITH ASSOCIATED YOUTH SERVICES OF PEEL. IN APPLYING TO THE VOLUNTEER PROGRAM, I REALIZE THE NECESSITY AND AGREE TO ATTEND AN INITIAL TRAINING PROGRAM (APPROXIMATELY SIX WEEKS IN LENGTH) AND PERIODIC TRAINING SESSIONS THEREAFTER. IF SELECTED AS A VOLUNTEER, I UNDERSTAND THAT I WILL RECEIVE NO COMPENSATION FOR MY SERVICES IN THE NATURE OF WAGES, HEALTH INSURANCE OR WORKER'S COMPENSATION COVERAGE. I UNDERSTAND, HOWEVER, THAT I WILL BE COVERED AS SPECIFIED UNDER A VOLUNTEER ACCIDENT INSURANCE CONTRACT. I ALSO UNDERSTAND THAT OUT OF POCKET EXPENSES WILL BE PROVIDED BY THE VOLUNTEER MANAGER, IF PRIOR APPROVAL HAS BEEN OBTAINED FOR THE REQUIRED EXPENDITURE. I ALSO UNDERSTAND THAT I UNDERTAKE THE DUTIES OF A VOLUNTEER AT MY OWN RISK AND THAT ASSOCIATED YOUTH SERVICES OF PEEL, THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES, AND THE CHILDREN'S AID SOCIETY OF PEEL WILL NOT BE HELD RESPONSIBLE FOR ANY HARM THAT MAY COME TO ME. I GIVE PERMISSION TO THE VOLUNTEER MANAGER TO CONTACT REFERENCES NAMED IN THE APPLICATION AND TO MAKE INQUIRIES OF THE POLICE AUTHORITIES, TO ASCERTAIN MY SUITABILITY AS A VOLUNTEER.

VOLUNTEER NAME: _____

VOLUNTEER SIGNATURE: _____

DATE: _____

NOTE: THE VOLUNTEER MANAGER RESERVES FINAL DECISION ON THE SUITABILITY OF THE VOLUNTEER.

PLEASE RETURN TO: ASSOCIATED YOUTH SERVICES OF PEEL
120 MATHESON BLVD. EAST, SUITE 201
MISSISSAUGA, ONTARIO
L4Z 1X1
ATTENTION: THE VOLUNTEER MANAGER

REFERENCE CHECK CONSENT FORM

VOLUNTEER NAME: _____

PURSUANT TO SECTION 39(1) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, I, _____
AUTHORIZE ASSOCIATED YOUTH SERVICES OF PEEL TO CONTACT THE PERSONS OR ORGANIZATIONS LISTED BELOW FOR THE PURPOSE OF OBTAINING REFERENCE INFORMATION. THESE PERSONS ARE AUTHORIZED TO DISCLOSE SUCH INFORMATION.

PROFESSIONAL

NAME: _____ RELATION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

PROFESSIONAL

NAME: _____ RELATION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

PERSONAL

NAME: _____ RELATION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

VOLUNTEER APPLICANT'S SIGNATURE
DATE