

CITY OF BRANDON YOUTH CENTRE

VOLUNTEER APPLICATION FORM

Thank you for applying for a volunteer position with the City of Brandon Youth Centre, hereafter referred to as COB Youth Centre. In our desire to reduce the risk of abuse within the organization's programs, and to consider your suitability for the volunteer position, we need to collect some information from you. This volunteer application form is necessary to protect our youth, staff and volunteers as well as aid us in placing volunteers in suitable program positions. Thank you in advance for providing this information.

Personal Information

Full Name _____
Address _____
Postal Code _____
Email _____
Phone Number: (h) _____ (c) _____

Personal History

List all employment positions you have held in the past 20 years. (Include descriptions of responsibilities)

List your hobbies, interests and skills

List any talents, training, education or other qualifications that have prepared you to work with youth.

How many hours per week/which days are you interested in providing volunteer services?

Days: _____ Times: _____

What do you hope to gain from volunteering in the Youth Centre?

Present and previous youth-related volunteer/work experience

1. Name of Organization: _____

Date of position start and end: _____

Description of Work: _____

Supervisor: _____ Phone Number: _____

2. Name of Organization: _____

Date of position start and end: _____

Description of Work: _____

Supervisor: _____ Phone Number: _____

3. Name of Organization: _____

Date of position start and end: _____

Description of Work: _____

Supervisor: _____ Phone Number: _____

Your Ability to Work with Children and Youth

In order to continue to provide a safe and secure environment for the Centre’s youth, we believe it is necessary to complete a criminal record check and child abuse registry check on all Youth Centre volunteers.

Do you have a current criminal record check you can provide? Yes No

If No, do you have any issues with completing this requirement? Yes No

A child abuse registry check will be done at the expense of the the City of Brandon, do you have any issues with completing this requirement? Yes No

References

Please provide the names of two individuals (preferable work/volunteer related), who could provide a reference for you.

1. Name of Reference _____

Phone Number _____

Address _____

Nature of Relationship _____

2. Name of Reference _____

Phone Number _____

Address _____

Nature of Relationship _____

RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give The COB Youth Centre permission to contact persons named as references to determine my suitability for working with children and youth at the centre.

I hereby give the COB Youth Centre consent to verify the information provided by me in this Volunteer Application Form and to contact the current and former employers listed above to obtain and verify information that may be relevant to my application.

I grant permission to the COB Youth Centre to perform an Internet search on me and to review and consider any information found.

I understand that if the COB Youth Centre approves my volunteer application and later determines, that I am not suitable for volunteer service within the Centre, my volunteer position can be terminated by the Youth Centre Coordinator at any time without notice.

If the COB Youth Centre approves my application for a volunteer position, I will sign any required documents and will at all times cooperate fully with the staff of the Centre during the fulfillment of my duties and will keep all confidential information I encounter, in my role as a volunteer, confidential.

If at any time I determine that for any reason I am unable to support or adhere to or follow the above policies or procedures, I will notify the Youth Centre Coordinator and will resign from my position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Volunteer Application Form is true and correct.

** Note, if deemed necessary by the Youth Centre Coordinator, further interview procedures may be implemented**

Signature of Applicant _____

Printed Name _____ Date _____

THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA) & PERSONAL HEALTH INFORMATION ACT (PHIA). The City of Brandon collects personal information and personal health information in the course of admission, registration, and related activities for the provision of its programs. This information is collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA) and City of Brandon Policies and Procedures.