



# YOUTH VOLUNTEER APPLICATION

★ This form is for youth ages 17 and under ★

Ontario  
Trillium Foundation



Fondation Trillium  
de l'Ontario  
An Agency of the Government of Ontario  
Un organisme du gouvernement de l'Ontario

<b>VOLUNTEER POSITION OF INTEREST</b>	
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PERSONAL INFORMATION					
Full Name					
Street Address					Unit #
City		Prov.		Postal Code	
Primary Phone			<input type="checkbox"/> Mobile	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Alternate Phone			<input type="checkbox"/> Mobile	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Email Address					
Age Range	<input type="checkbox"/> Under 14	<input type="checkbox"/> 14 - 17			
School Name					

EMERGENCY CONTACT			
Full Name			
Primary Phone			<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone			<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work

EMPLOYMENT INFORMATION <i>(If you have never been employed, you may skip to the next section)</i>			
Most Recent Employer			
Position / Title			
Dates of Employment	Start:		End: <input type="checkbox"/>

VOLUNTEER EXPERIENCE <i>(Please describe your previous volunteer experience in the boxes below)</i>		
Organization	Description of Position	Dates of Service

<b>Have you ever attended a First Aid, CPR and/or medical emergency training course?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the details below <i>(title of training/certification, date of completion, expiration date)</i> :		

<b>Are you seeking a volunteer opportunity to complete your 40-hrs of community involvement for school?</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes - Please indicate how many hours you have remaining: _____

**Why do you want to volunteer with Beyond 21?**

**COMMITMENT** I hope to volunteer for:  Event Day  3 months  6 months  1 year  Other

Let us know what days you are available using the chart below. Please include a timeframe (i.e. 3 – 5 PM).

AVAILABILITY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

**What languages can you speak fluently?**

**Tell us a bit about your skills, interests and/or hobbies:**

**Describe any education/experience you have that might help you in the volunteer role you are applying for:**

**How did you hear about Beyond 21? (select all that apply)**

- Beyond 21 Website                       Social Media                       VolunteerHUB.ca  
 Internet Search                               Word of Mouth                       Other

**Please read the following carefully before signing this application.**

I understand and accept that:

- This is an application for and not a commitment or promise of a volunteer opportunity
- Beyond 21 has the right to decline my application and is not obligated to provide a reason for doing so
- The information contained in my application concerning my employment and volunteer history may be verified by Beyond 21
- Parent/Guardian consent is required for youth under the age of 18

I hereby declare that the information contained in this application is true and complete to the best of my knowledge and that any misrepresentations or omissions may result in the disqualification of this application or my dismissal as a volunteer.

Applicant Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Today's Date \_\_\_\_\_