



# Uxbridge Youth Centre Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Number (if available) \_\_\_\_\_

**Education:** *Please describe briefly the education you have received noting any special training you feel might be of benefit at the centre:*

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**Experience:** *Please list volunteer, paid and life experience you have and/or attach a recent resume. (if additional space is required please use the back of this page).*

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*Please list any special skills, languages, hobbies, or interests that you have. You can also make a suggestion as to where you see that you can provide assistance to The Uxbridge Youth Centre.*

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**Availability:**

Potential Start Date: \_\_\_\_\_

What are your best days for volunteering: (i.e.. weekdays/evenings, weekends)

\_\_\_\_\_

How long do you plan on volunteering: \_\_\_\_\_

Are there any restrictions that you wish to advise us about in terms of your volunteering with The Uxbridge Youth Centre ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please provide the name/phone number and organization (if applicable) of three persons, not related to you, whom you have known for more than one year for reference purposes:

1. Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**All volunteers 18 and older will be required to complete a criminal reference check**

Thank you for your interest.