



YOUTH ASSISTING YOUTH
THE YOUTH MENTORING PEOPLE™

Head Office 5734 Yonge Street Suite 401 Toronto Ontario M2M 4E7 Telephone 416 932 1919
Website www.yay.org Email mail@yay.org Fax 416 932 1924 Toll Free 1 877 932 1919

YOUTH MENTOR APPLICATION FORM

PERSONAL INFORMATION

(PLEASE PRINT)

FIRST NAME: _____ SURNAME _____ GENDER: Male Female

DATE OF BIRTH: _____ : _____ : _____ AGE: _____ Best time to call: _____
month day year

PHONE #: Home: (____) _____ Work: (____) _____ Cell: (____) _____

ADDRESS: _____ Apt: _____ CITY: _____

POSTAL CODE: _____ Email address: _____ Closest Major Intersection: _____

ARE YOU A NEW CANADIAN? Yes No Length of time living in Canada: _____ years _____ months

IMMIGRATION STATUS: _____ Status #: _____
(i.e. Landed Immigrant #, Perm. Res. #, Refugee Status #, Minister's permit #) etc.)

PLACE OF BIRTH: _____ LANGUAGES SPOKEN: _____

PLEASE LIST THE NAMES OF THE PEOPLE WITH WHOM YOU LIVE AND THEIR RELATIONSHIP TO YOU.
(i.e. Tom Smith - Stepfather)

SCHOOL ATTENDING: _____ GRADE/YEAR: _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE #: (____) _____

Working hours: _____ Can we call you at work? Yes No What time is best for us to call you? _____

Which area of the city would you prefer the match to be made in? _____

Do you own or have access to a vehicle? Yes ___ No ___

Are you willing to travel to see the child? Yes No How far? (travel time by car/bus etc.) _____

FEMALES: Are you comfortable being matched with a boy 10 years old or under? Yes No

INTERESTS

1. Why do you want to volunteer with YAY?

2. Describe the activities and or interests that keep you busy (e.g. part-time job, school, church, social life, memberships in organizations, hobbies, etc.)

3. What qualities are you looking for in a match with a child? (e.g. personality type, hobbies, activities, ideal age, etc.)

4. Where do you see yourself one year from now?

VOLUNTEER AND WORK EXPERIENCE

Please indicate any previous [volunteer] experience you have had, especially with young people (e.g. camp counsellor, youth groups, babysitting, senior citizens home, food bank, etc.)

Date:	Name:	Location:	
Position:	VOL: <input type="checkbox"/> PAID <input type="checkbox"/>	Supervisor:	Phone:
Duties:			

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Position:	VOL: <input type="checkbox"/> PAID <input type="checkbox"/>	Supervisor:	Phone:
Duties:			

HOW DID YOU FIND OUT ABOUT YAY? _____

If through a friend who is already a part of YAY, please give their name: _____

WHAT ARE YOUR FUTURE CAREER GOALS? _____

WHAT STEPS (IF ANY) HAVE YOU TAKEN TOWARDS THIS GOAL? _____

OPTIONAL:

We are always seeking new opportunities to recruit volunteers. Can you provide the contact information of someone who we might contact to recruit in a workplace or school? (e.g. the Human Resource Manager at your / a parent's / a friend's workplace.)

Have you ever been in trouble with the Police? Have you ever been accused, arrested, convicted or pardoned of a criminal offense or a sexual offense involving a child or children? Yes No If Yes, give the date of the offence: _____

I understand that once I am accepted as a volunteer I will be required to:

- (1) Spend a minimum of 3 hrs per week, for a minimum of 1 year with my Junior Youth.
- (2) Maintain regular contact with my case coordinator throughout the match.
- (3) Attend a Training Workshop, discussing child engagement, culture and diversity, and child abuse.

I certify that the above information is correct. Further, I understand that filling out this application puts me under no obligation but merely expresses an interest. I also understand that this application does not guarantee acceptance into the program, and that Youth Assisting Youth is under no obligation to accept or assign me as a volunteer in their program and is not obliged to provide a reason. I also acknowledge and accept that this file is the property of this agency and should my references indicate personal attributes not acceptable to the organization the application process shall be terminated. However, if I am accepted, I understand that Youth Assisting Youth is responsible for the welfare of any child who may be entrusted to my care. I hereby grant them permission to assign a child to me in a mentoring relationship. I also grant them permission to terminate this relationship, as they deem necessary. I also agree to abide by the philosophy, goals and general policies of Youth Assisting Youth. I also understand that my signature on this application form is giving my consent for a staff member from Youth Assisting Youth to conduct a phone interview with my references and to consult with personnel either at my school or place of employment, etc. about my application to become a Youth Volunteer with Youth Assisting Youth.

Signature of Applicant: _____ Date: _____

Signature of Parent (if under 18): _____ Date: _____

(I understand that my parent(s) must provide consent for me to participate if I am under 18 years of age)

All completed and signed applications should be mailed or faxed to: **Youth Assisting Youth 5734 Yonge Street Suite 401 Toronto Ontario M2M 4E7**. Our fax number is: **(416) 932-1924**. Our telephone number is: **(416) 932-1919**. If you have any questions or problems completing this form, feel free to call the YAY Office. Thank you for applying to be a Youth Assisting Youth Volunteer. All applications will be handled in the **STRICTEST CONFIDENCE**