



YOUTH ASSISTING YOUTH
THE YOUTH MENTORING PEOPLE™

Head Office 5734 Yonge Street Suite 401 Toronto Ontario M2M 4E7 **Telephone** 416 932 1919

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VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

(PLEASE PRINT)

NAME: _____ GENDER: Male Female

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

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

ADDRESS: _____ Apt: _____ CITY: _____

POSTAL CODE: _____ Closest Major Intersection: _____

EMAIL ADDRESS: _____

ARE YOU A NEW CANADIAN? Yes No Length of time living in Canada: ____years ____months

IMMIGRATION STATUS: _____ Status #: _____
(i.e. Landed Immigrant #, 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.
(ie. Tom Smith - Stepfather)

SCHOOL ATTENDING: _____ GRADE/YEAR: _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE #: (____) _____

Can we call you at work? Yes No If yes, what times are best?: _____

INTERESTS

1. Why do you want to volunteer with YAY?

2. Please describe in detail any interests, hobbies or sports you enjoy:

3. Describe the activities that keep you busy (e.g. Part-time job, school, church, social life, memberships in organizations, etc.)

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:			

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

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

Date:	Name:	Location:	
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?: _____

Do you have a police record? Yes No If Yes, give 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) Keep in regular contact with my Case Coordinator.
- (3) Attend 3 Mandatory Workshops on children's social issues, within 3 months of my application being accepted.

To the best of my knowledge, the above information is correct and true. I 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 high school or place of employment (if applicable) about my application to become a Youth Volunteer with Youth Assisting Youth.

Signature of Applicant: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____
(If under 18)

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 2E7. If you have any questions or problems completing this form, feel free to call the YAY Office. Our telephone number is: **(416) 932-1919**. Our fax is: **(416) 932-1924**

Thank you for applying to be a Youth Assisting Youth Volunteer.
All applications will be handled in the **STRICTEST CONFIDENCE**