

ABBOTSFORD YOUTH COMMISSION VOLUNTEER APPLICATION

Please note, volunteers must be at least 19 years of age.

Personal Inforn	nation:					
First Name:		Last Na				
			ins:			
Address:						
City:				l Code:		
Phone:						
						
Emergency Con						
Name:						
Phone:			Work:			
Education:						
Education	School Attended		Course of Study			Highest Level Completed
High School						·
Post Secondary						
Other						
Employment Hi	istory:					
Employer		Job Title	From	То	Reason for Leaving	
1.						
2.						
3.						
Volunteer Expe	erience:					
Organization		Your Role	From	То	Reas	on for Leaving
1.						
2.						
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Availability: (example 12:30pm to 3:30pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

1. How long of a commitment are you prepared to make?								
\square 3 months \square 6 months \square	9 months □ 1 year □ ongoing							
2. How often would you like to volunteer?								
□ bi-weekly □ once a week	☐ more than once a week ☐ special events							
3. Volunteer Area of Interest: Check off all areas you may be interested in								
$\ \square$ ARC Youth Drop in Centre	☐ Drop In Basketball							
☐ MRC Youth Drop in Centre	☐ Drop In Floor Hockey ☐ Training Courses							
☐ Leadership Development								
□ Other								
be from a family member.	accept one personal reference and it CANNOT mmission to contact the above references to establish my							
Signature of Applicant:	Date:							
Office Use Only								
Date Received:	_ Interviewed By:							
Date Interviewed:	Police Check complete: ☐ yes ☐ no							
Reference Checks complete: ☐ yes ☐ no								