

Volunteer Application

Date of App	lication		/						
Name:									
Ph. # (h)		(\	w)		(c)				
May we leav	e a message	Yes No	_	Under	age of 18? Y	′es No	_		
Address:									
Email:	nail:				Postal Code				
Please circle	your area of	interest:							
One on one with youth				Volunteers to help out with events					
Mentors - p	rofessionals t	o mentor youth	n – work relate	ed					
Mediation circles				Support healing and wellness circles					
Availability Please check		evenings accord	ding to your us	sual availabilit	У				
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Daytime									
Evening									
How many h	ours per wee	k or per	month	are you availa	ble to volunte	eer?			
Can you mak	e a commitme	ent to volunteer	for a minimum	of 10 hours pe	er month for ap	oproximately	1 year?		

eferences	<u> </u>			<u> </u>
ame	Address	Relationship	Phone	Email
	& Skills bout the relevant talents &	abilities that you wou	ld bring to a yo	outh?
		abilities that you wou	ld bring to a yo	outh?
		abilities that you wou	ld bring to a yo	outh?
Please tell us a				outh?
lease tell us a	bout the relevant talents &			outh?
Please tell us a	bout the relevant talents &			outh?
	bout the relevant talents &			outh?
Please tell us a	bout the relevant talents &			outh?

Drop off your completed Volunteer application at the North Preston Community Centre c/o Souls Strong Volunteer Coordinator

All volunteers must agree to a criminal record check, child abuse registry check and a vulnerable sector check. To further you volunteer application process, please request the appropriate forms to begin these mandatory checks by calling 817-3116 or by emailing us at youthadvocateprogram@halifax.ca



Applicant Signature

Do you have a criminal record Yes ___ No ___

