

## 2017 Volunteer Application Form

(Please Print CLEARLY)

Name:							
Date of Birl	h: Year:	Month:	Day:	Gender:	Male 🗌	Female	
Address:				<del>_</del>			
City: Pro			Province:			Postal Code:	
Phone: Email:							
NOTE: IF YO	<mark>U ARE A RETURN</mark>	<mark>IING VOLUNTEER</mark>	R PLEASE COMPI	LETE THE BACK	OF THIS FORM	>	
If you have	a current York I	Regional Police	VULNERABLE SE	CTOR SCREEN	<b>ING</b> Report ple	ase check here:	
Volunt	eer Positi	on (select	all that inter	est you)			
House Le Convence Equipme *If you are continued the second the sec	nt/Uniforms applying to volu ue Coach App ur preferred fle		able on our wan volunteer?	ch or Assistant ebsite: <u>www</u>	Oth	draising er Social Events b Admin Support nust also complete a <b>2017</b> ccer.com)	
Your V		Experience					
Year	Organization		Age C	Group Dutie	es (feel free to	also use the back of form)	
Have curre	ent First Aid Cer	tificate Tes	☐ No Intere	ested in takir	ng First Aid (at	<u>no</u> cost) ☐ Yes ☐ No	
Do you cui	rently have c	hildren in the V	/SC House lea	gue or Rep P	rogram? Ple	ase share their full	
names and	d year of birth	(s)					
(If you would	d like, please fee	el free to use the	back of this forn	n to share any	additional infor	mation about yourself)	
Signature:				Date:			