



Delta Youth Support Link

Volunteer Application Form

Personal Information

Name: Miss Mrs. Ms Mr. First _____ Last _____

Address: _____ Tel: _____ Cell: _____

City: _____ Postal Code: _____

E-Mail: _____

Emergency Contact Name: _____ Tel: _____

Work Experience

Are you presently employed? No Yes Student Retired

If yes, to employed or student: Full Time Part Time

Employer/ School Name: _____ Current Position: _____

Education/Training (please check)

High School University/College Other (please specify): _____

Please list any other relevant training, certification, experience, etc.:

Languages English Written Spoken Both

Other: _____ Written Spoken Both

Skills (please check skills/ activities in which you have experience)

Communication:

Public Speaking Report Writing Creative Writing Media Relations Advocacy Research

Computer Skills:

Microsoft Word Microsoft PowerPoint Microsoft Access Data Entry

Finance and Administration:

Clerical Skills Reception and Phones Customer Service Typing and Formatting

Accounting

Operations Fund Raising:

Teaching Event Planning and Operations Facilitation

Other Please explain:

Availability (please check the days/times that you are available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
afternoon							
evening							

Other Information

Are you presently a volunteer? Yes No If you answered yes, where? _____

For how long? _____

Have you volunteered for Delta Youth Support Link Society in the past? Yes No

If you answered yes, for what program? _____ When? _____

What are you interested in volunteering with?

Thrift Store	Electronic Repair	Maintenance	Administration	Events	Social Media / IT	Delivery of Donations

References

Delta Youth Support Link Society seeks to protect participants, volunteers, employees and the Community through appropriate screening measures.

Please provide the names of three (3) references that we may contact. (Not relatives or friends)

1) Name: First _____ Last _____
Email: _____ Phone (daytime): _____ Relationship: _____

2) Name: First _____ Last _____
Email: _____ Phone (daytime): _____ Relationship: _____

3) Name: First _____ Last _____
Email: _____ Phone (daytime): _____ Relationship: _____

The information you provide on this form is considered confidential by Delta Youth Support Link Society and will only be used to manage the application, selection and coordination of volunteers with DYSL Society. The information is used for pre-screening, checking references, as well as recording home and emergency contact information. This form is kept on file by the Executive Director or Designate for all active volunteers and will be destroyed 2 years after a volunteer resigns.

The form is used only by the Executive Director or Designate; the same form is used across all of the DYSL Society sites. It is distributed to potential volunteers by the DYSL Society staff.

I hereby declare that the foregoing information is true and complete to my knowledge and I authorize Delta Youth Support Link Society (DYSL Society) to follow up on any information disclosed and to check references.

I understand that a Criminal Record Check may be required for all positions.

Signature: _____ Date: _____