



## YOUTH VOLUNTEER FORM

**DATE OF APPLICATION:** \_\_\_\_\_

\_\_\_\_\_ day

\_\_\_\_\_ month

\_\_\_\_\_ year

<b>CONTACT INFORMATION</b> PLEASE PRINT		
<b>Name</b>	First: _____	Last: _____
<b>Street Address</b>	_____	
<b>City, Province, Code</b>	_____	_____
<b>Telephone</b>	Home _____	Cell _____
<b>E-mail address</b>	_____	
<b>Season Site #</b>	<input type="checkbox"/> Yes – Site # _____ <input type="checkbox"/> No	
<b>Date of birth</b>	_____ dd      _____ mm      _____ yyyy	<b>Must be 14-17 yrs. before June 29th</b>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>School</b>	School Name: _____ Grade: _____ School Board: _____ Home Schooled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Min. of Education Requirement</b>	<b>Are you volunteering to complete the 40 hours Community Involvement required to graduate?</b> <input type="checkbox"/> Yes      If yes, please provide documentation from your school <input type="checkbox"/> No	
<b>Parent / Guardian Name</b>	Please Print: <input type="checkbox"/> Parent: _____ <input type="checkbox"/> Guardian: _____	
<b>Telephone</b>	Home _____	Cell _____ Business _____
<b>SKILLS</b> <input type="checkbox"/> Employment: <input type="checkbox"/> Volunteering: <input type="checkbox"/> Other activities: <input type="checkbox"/> Hobbies: <input type="checkbox"/> Sports: Please check <input checked="" type="checkbox"/>	<b>Please summarize special skills or qualifications;</b> <input type="checkbox"/> Previous Volunteer experience at Fair Havens <input type="checkbox"/> Other location - Explain the location & duties _____ _____	
<b>AVAILABILITY TO VOLUNTEER</b>	<b>Please indicate the total hours PER WEEK you are available to volunteer at Fair Havens: _____ hours</b> Please check <input checked="" type="checkbox"/> <b>Mon-Fri</b> Morning: <input type="checkbox"/> A/noon: <input type="checkbox"/> Evening: <input type="checkbox"/> <b>Sat-Sun</b> Morning: <input type="checkbox"/> A/noon: <input type="checkbox"/> Evening: <input type="checkbox"/>	
<b>VOLUNTEER OPPORTUNITIES</b> Some Restrictions will apply due to age	<input type="checkbox"/> Café, <input type="checkbox"/> Dining room, <input type="checkbox"/> Gardening, <input type="checkbox"/> Sport Shop, <input type="checkbox"/> Trailer cleaning <b>Please check <input checked="" type="checkbox"/> area of interest</b>	
<b>PARENT / GUARDIAN APPROVAL + ADULT SUPERVISION</b>	Name: (Print) _____ <input type="checkbox"/> Parent: _____ <input type="checkbox"/> Guardian Signature: _____ Date: _____ dd      mm      yyyy Name of supervising adult(s) while at Fair Havens: _____	

**UPON COMPLETION OF THE FORM - PLEASE RETURN TO FAIR HAVENS FRONT OFFICE**  
**Attention: VOLUNTEER COORDINATOR**