

YOUTH VOLUNTEER EXPRESSION OF INTEREST FORM

We do out BEST for every GUEST In JESUS' Name

Date: _____

| Contact Information | |
|--|---|
| Name | |
| Street Address | |
| City, Province, Postal Code | |
| Home Phone | Cell #: |
| Work Phone | |
| E-Mail Address | |
| Season Site # (if applicable) | |
| NOTE: Youth must be 14 to 17 years of age | |
| Date of Birth <i>yyyymmdd</i> | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Special Skills or Occupational Qualifications: (Summarize special skills or qualifications you have acquired from employment, pervious volunteer work, or through other activities, including hobbies)

| Parent/Guardian Approval for Volunteering | | | |
|---|--|---------------------------------|-----------------------------------|
| Name (please print) | | <input type="checkbox"/> Parent | <input type="checkbox"/> Guardian |
| Signature: | | | |
| Home Phone: | | Cell Phone | |
| email Address: | | Work Phone: | |

| | | |
|--|------------------------------|-----------------------------|
| Previous Volunteer Experience | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| List Your Areas of Interest for Volunteer Ministry (Please Print Below) | | |
| Wood Lot: | | |
| Food Services: Kitchen, BBQ, Spud Club (must be 15+ years of age): | | |
| Food Services: Dining Room, Cafe-scooping ice cream (14+ years of age): | | |
| Sports Shop (miscellaneous tasks): | | |
| Children's Ministry (Standard Police Check mandatory): | | |

Please complete this form and submit to Gary High, Volunteer Coordinator:
 Mail: B2215 Hwy 48E, Beaverton, ON L0K 1A0
 FAX: 1-705-426-9572 Telephone: 1 (800) 430-5059, Email: info@fairhavens.org