**Atikokan Native Friendship Centre**

**Every Child Matters. It’s About Time. Let’s Bring Our Children Home**

307-309 Main Street West, PO Box 1510 Atikokan, ON P0T 1C0

807-597-1213(P) 807-597-1473(F)

 **APPLICATION FOR VOLUNTEER SERVICE - YOUTH**

|  |  |
| --- | --- |
|  | Date: |
| **PERSONAL INFORMATION** |  |
|  |  |
| First Name | Last Name |
|  |
| Address: |
| Email: |
| Home Phone: | Cell Number: |
| Occupation: |
| Are you 18 years of and/or under? | Yes ¨ | No ¨ |
| Are you a student? | Yes ¨ | No ¨ |
| Language: | First Spoken: |  | Read: |  |
|  | Second Spoken: |  | Read: |  |
| Community Affiliation(s): |  |
| Hobbies, Interests, Crafts: |  |
| Do you have your own vehicle with a valid driver’s license? | Yes | No |
| When are you able to volunteer? | Days ¨ | Afternoons ¨ | Evenings ¨ |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |

|  |
| --- |
| Are you willing to volunteer for on-call events if they arise? Yes ¨ No ¨ |
| Specify Days and Times: |
| Length of availability (months, years): |
|  |
| Emergency Contact: |
| Name: |
| Relationship: |
| Address: |
| Telephone: |
|  |
| Areas of Interest: (Please check all that apply: |
| * Friendly visits
* Small home repairs
* Grass cutting
* Moving furniture
* Providing transportation
* Laundry services
* Shovelling
* Picking up good food boxes
* Picking up and/or delivering groceries
* Assembling good food boxes
* Cooking or baking
 |
|  |
| Helping to set up and clean up at Special Events such as:* Sweat lodge
* Powwow
* Feast
 |
| * Computer Skills:
* Microsoft Word
* Microsoft Excel
* Internet
* Database
* Graphics (photoshop, publisher, etc.)
 |
|  |
| Other areas: |

|  |
| --- |
| Qualifications: |
| Reason for Volunteering: |
| Previous Volunteer Experience |
| Skills, hobbies, other interests, talents willing to share: |
| What personal qualities do you have that would help you when volunteering with clients? |
|  |
| Declaration (to be signed by all applicants)I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide truthful and complete information throughout this application process and will not withhold information that would unfavourably affect my application for a volunteer/student placement position. |
| Signature of Applicant:Signature of Parent (if 18 years old and under): | Date:Date: |
|  |
|  |
| For Office Use Only: |
| I acknowledge that has successfully completed a:* Police Record Check for Service with the Vulnerable Sector (if applicable)
* Criminal Records Check (if applicable)
* Confidentiality Form
* Conflict Resolution
 |

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments to be received from and completed with ANFC Coordinator:

Attachments:

Media Waiver/Consent Form – Infant/Child/Youth

Policy H3.14 – Confidentiality

Policy H3.01 – Code of Conduct and Ethical Standards

Policy H1.06 – Conflict Resolution

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