

YORK YOUTH CONNECTION

A York University Summer Day Camp

Division of Advancement
York University, West Office Building
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2014 VOLUNTEER APPLICATION

First name: _____ Last name: _____ Gender: M / F
Home address: _____ City: _____ Province: _____ Postal Code: _____
Home phone: _____ Email address: _____
Date of birth (mm/dd/yyyy): ____/____/____ Age (as of June 30th 2014): _____
High school grade/post-secondary year completed: _____ (Post) secondary school name: _____
If under age 18, parent name: _____ Parent phone: _____

PREVIOUS VOLUNTEER/CHILD CARE EXPERIENCE

LIST ANY EXPERIENCE YOU MAY HAVE THAT WOULD ASSIST WITH THE POSITION YOU ARE APPLYING FOR WITH YORK YOUTH CONNECTION

Include any volunteer or paid work experience, extra-curricular/community involvement and experience working with children including babysitting.

LIST BELOW ANY ADDITIONAL COURSES TAKEN (e.g. babysitting certificate, First Aid/CPR), AWARDS AND CERTIFICATES
Additional courses, awards and certificates are not required but will help us match volunteers to volunteer responsibilities

VOLUNTEER OBJECTIVES

PLEASE BRIEFLY DESCRIBE WHAT YOU HOPE TO ACHIEVE OR LEARN AS A YYC VOLUNTEER THIS SUMMER

PLEASE CHECK THE WEEKS YOU WOULD LIKE TO VOLUNTEER FOR. We require you to sign up for a minimum of two weeks (not necessarily consecutive) to be eligible for your volunteer hours

Session 1	Dates	Session 2	Dates	Session 3	Dates	Session 4	Dates
<input type="checkbox"/> Week 1	June30-July4	<input type="checkbox"/> Week 3	July 14-18	<input type="checkbox"/> Week 5	July28-Aug1	<input type="checkbox"/> Week 7	Aug11-15
<input type="checkbox"/> Week 2	July7-11	<input type="checkbox"/> Week 4	July21-25	<input type="checkbox"/> Week 6	Aug5-8	<input type="checkbox"/> Week 8	Aug18-22

GENERAL INFORMATION

PLEASE INDICATE ANY HOBBIES AND INTERESTS YOU HAVE:

REFERENCES

Give names, addresses and phone numbers of two references (not relatives) familiar with your qualifications and character. This can include teachers, coaches or others in the community familiar with you:

- 1)

- 2)

I, _____, declare that the above information is true and filled out to the best of my abilities.

SIGNATURE

DATE

PRIVACY NOTICE

Personal information in connection with this form is collected under the authority of *The York University Act, 1965* (S.O. 1965, c. 143, s. 5) and will be used for York Youth Connection Summer Camp and related administration or consistent purposes. If you have any questions about the use, collection and disclosure of personal information by York University, please contact the Manager, Community Relations (416) 735-5669 or yyc@yorku.ca