

For office use only

Trained (date) \_\_\_\_\_  Police check \_\_\_\_\_  
Session \_\_\_\_\_

Reference Check \_\_\_\_\_  
Start Date \_\_\_\_\_



## LOIF-D Adult Application (18+)

Name \_\_\_\_\_

Date \_\_\_\_\_

Full Mailing Address: Box # or Rural Route \_\_\_\_\_

Street Address or Fire Number \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Text-enabled?  yes  no    Text-enabled?  yes  no    Text-enabled?  yes  no

E-mail Address \_\_\_\_\_

Age     Under 19             19-29             30-45             46-59             over 59

Work Experience:  Studentt             Retired             Current \_\_\_\_\_

Have you ever worked with children or youth before? \_\_\_\_\_

Do you have any experience in drama/theatre? \_\_\_\_\_

Have you any teaching experience? \_\_\_\_\_

Have you any experience handling groups? \_\_\_\_\_

Please indicate your preferences, in order (1 for most preferred to 3 for least preferred):

**Juniors** (7-10, Gr 2-4/5) Hanover, Thursdays 1 hr            4:00 – 5:00 pm            1 2 3

**Middle** Group (11-14, Gr 5-8) Hanover, Thursdays 1.5 hrs            4:00 – 5:30 pm            1 2 3

**Seniors** (15-18, Gr 9-12) Hanover, Thursdays 1.5 hrs            4:00 – 5:30 pm            1 2 3

*Subject to change*

Do you have transportation? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

The Literacy on its Feet – Drama Stream requires one to 1.5 hours per week, depending on the age group you volunteer with, over 6 weeks. Are you available for ALL six weeks?

yes             no

Youth Literacy could use your help in other ways as well. Are you able to assist with any of the following?

- Promotional eg. hanging posters, distributing pamphlets
- Fundraising events
- Becoming a member of the Board of Directors or joining a working group

Please supply contact information for two references who are not relatives:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ (H) \_\_\_\_\_ (W)

### **Volunteer Contract**

- ◆ I understand and agree that as a volunteer with the South Grey Bruce Youth Literacy Council, I must hold in strict confidence any information about participants. I will not discuss any participant by name, or identifying description with friends, relatives or any other agencies, unless I have permission from that participant.
- ◆ I agree to take part in an initial training session to prepare me for this work and to attend other on-going training opportunities that are provided throughout my time with the Youth Literacy Program.
- ◆ If I have any problems or concerns, I will bring them to the attention of the Coordinator.
- ◆ I am willing to make a 6-week commitment to the Literacy on its Feet – Drama program and agree to keep in contact with the Council. I agree to notify the Council when I am unable to attend a session.
- ◆ I am willing to undergo a police check, the cost of which will be reimbursed to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date