



LOIF-D Teen Volunteer Application

For office use only

Trained (date) _____ Police check _____ Reference Check _____

Session _____ Start Date _____

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 14-16 17-19

Employer, if applicable _____

Grade: _____

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? _____

Do you have transportation? _____

When are you available? _____

Interests and Hobbies _____

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 6 weeks?

yes no

Depending on your age, you may be required to get a Vulnerable Sector screening from your local police or O.P.P. (The cost as a volunteer will be covered by Youth Literacy).



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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 confidence any personal information about program participants, beyond first names. I will not discuss or identify session participants with friends, relatives or any other agencies, unless I have permission from that participant or his/her parents.
- ◆ I agree to take part in an initial training session to prepare me for this position 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 six-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 if required, the cost of which will be reimbursed to me.

Signature

Date

Thanks for applying! We will be in touch with you once we have reviewed this form.