



# 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? \_\_\_\_\_

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

**Juniors** (7-10, Gr 2-4/5)                      1 2 3

**Middle** Group (11-14, Gr 5-8)                      1 2 3

**Seniors** (15-18, Gr 9-12)                      1 2 3

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

When are you available? \_\_\_\_\_

Interests and Hobbies \_\_\_\_\_

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



## LOIF-D Teen Volunteer Application

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

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 my student, as well as any other students and tutors in the program. I will not discuss my student by name, or identifying description with friends, relatives or any other agencies, unless I have permission from my learner.
- ◆ 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 twelve-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