

# VOLUNTEER APPLICATION



Boys & Girls Club  
of Ponoka



The information you provide on this form will help us find the most satisfying and appropriate volunteer placement for you.

Please indicate your area(s) of interest:

- Youth Drop-In Centre       After School Program       Special Events/Fundraising  
 Board of Directors       Summer Program       Board Committee Member

## ***Personal:***

<b>Name:</b>	<b>Home Phone:</b>
<b>Address:</b>	<b>Work Phone:</b>
<b>Town/Province:</b>	<b>Cell Phone:</b>
<b>Postal Code:</b>	<b>DOB:</b>
<b>Email:</b>	

## ***Scheduling Preference:***

Please indicate the days and times you are able to volunteer:

- Monday: \_\_\_\_\_     Tuesday: \_\_\_\_\_     Wednesday: \_\_\_\_\_  
 Thursday: \_\_\_\_\_     Friday: \_\_\_\_\_     Saturday: \_\_\_\_\_     Sunday: \_\_\_\_\_

## ***Experience:***

Do you have any volunteer experience?       No       Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with youth?       No       Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special skills you possess or any specific training you have had that may assist you in this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other:**

What are your interests and hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Ponoka Youth Centre? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**References**

Information given by your reference is confidential. Out of town references are acceptable. Please provide THREE references.

**Reference:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship (e.g. friend, family, employer, etc.) \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship (e.g. friend, family, employer, etc.) \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship (e.g. friend, family, employer, etc.) \_\_\_\_\_

This application form and the information contained therein are being provided in confidence and shall not be disclosed to any other person other than the Ponoka Youth Centre.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date