

# S'port For Kids Foundation

175 West Beaver Creek Road, Suite 6, Richmond Hill, ON L4B 3M1 Tel: (905) 886-4392 Fax: (905) 886-6617 www.sportforkids.ca



## VOLUNTEER APPLICATION FORM

### Personal Information

Last Name: _____		First Name: _____		Gender: Male      Female	
Address: _____				Date of Birth ( M / D / Y ) _____	
City: _____			Postal Code: _____		
Home Phone: _____			Business/Cell Phone: _____		
Email Address/Homepage: _____					

### Background Information

Current Occupation: _____		Previous Occupation: _____	
Status in Canada (Check the appropriate category)			
Citizen		Immigrant	
Visa Student		Refugee	
Education			
Secondary		College/University	
Grade / Year: _____		School: _____	
Others (Please Specify): _____			
Language Skills:			
English		French	
Others (Please Specify): _____			
How did you learn about becoming a volunteer with S'port for Kids? _____			
Why are you interested in becoming a volunteer?			
Additional Spare Time		Community Involvement	
Desire to Help Others		Work Experience	
Other (Please Specify): _____			

### Time Available

Day	Mon	Tue	Wed	Thu	Fri	Sat
Time	_____	_____	_____	_____	_____	_____
Period of Commitment (Dates): From _____ To _____						

**Skills and Experience**Skills (e.g. Computer, typing, design, etc.)  

---

Employment History:  

---

Volunteer Experience:  

---

Volunteer Services Preferred:

Clerical/General Office Assistance  
Committee Assistance and Planning  
Events  
OtherGraphic Design & Artwork  
Web Design and Maintenance  
Fundraising**References**

Name: <hr/>	Relationship <hr/>	Phone: <hr/>
Name: <hr/>	Relationship <hr/>	Phone: <hr/>

**Applicant Signature**

I hereby declare that the information on this application is true and complete. I realize that my personal information is governed by the *Privacy Act* and will only be used where authorized by the S'port for Kids Foundation. At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected, and the mission, vision and philosophy of the S'port for Kids Foundation will be followed in accordance with the policies of the S'port for Kids Foundation, standards and guidelines. By signing below you grant the S'port for Kids Foundation permission to contact the references listed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact**

Name: <hr/>	Relationship <hr/>	Phone: <hr/>
Parents/Guardian Signature (if applicant is under 16 years of age) <hr/>		Date: <hr/>

**For Office Use Only**

Remarks: <hr/>	
Staff I/C: <hr/>	Date: <hr/>

S'port for Kids Foundation  
175 West Beaver Creek Rd., Suite 6, Richmond Hill, Ontario L4B 3M1  
Tel: 905-886-4392  
Fax: 905-886-6617