

**FOR OFFICE USE ONLY**  
DATE RECEIVED \_\_\_\_\_  
BY \_\_\_\_\_



Inspiring all girls to  
be strong, smart  
and bold<sup>SM</sup>

**Youth Volunteer Application Form**

Thank you for your interest in Girls Incorporated of Durham. We appreciate you taking the time to complete the following application form. Girls Incorporated recognizes that each volunteer brings unique skills and experience to our agency. The information you provide will help identify these abilities and ensure that your volunteer experience with Girls Incorporated of Durham will be both enjoyable and rewarding.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Do you have a valid driver's license?  YES  NO If so, which class?  G1  G2  G

**VOLUNTEER OPPORTUNITIES:** Please choose from the following volunteer opportunities:

- Fundraising Events (Girls Day Out, Golf Tournament)
- Community Outreach Events (Waterfront Festival, Canada Day, Girls Rights Week)
- Office Administration (data entry, filing, mailing preparations)
- Other (please specify) \_\_\_\_\_

**Interests / Skills / Experience**

Do you have any previous volunteer experience? \_\_\_\_\_  
\_\_\_\_\_

What skills and/or experience would you like to contribute to the Girls Incorporated organization?  
(i.e. fundraising, public speaking, computer skills, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What particular skills and/or experience would you like to gain from volunteering with Girls Incorporated?

\_\_\_\_\_  
\_\_\_\_\_

Of the volunteer opportunities available in our community, why did you choose to become involved with Girls Incorporated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names of members of the association you may know. \_\_\_\_\_

How did you find out about Girls Incorporated of Durham?

- Sign       Newspaper       Radio       Recreation Handbook       School  
 Another Volunteer       Friend       Community Display/Information Booth  
 Inform Durham website       Other \_\_\_\_\_

**WORK EXPERIENCE:**

Occupation: \_\_\_\_\_  
Duties: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Duties: \_\_\_\_\_

**EDUCATION:**

School currently attending : \_\_\_\_\_ Grade: \_\_\_\_\_

**REFERENCES:**

Please list names of two people we can contact for references (no relatives please).

**Note: Referees are individuals who have known you more than 2 years**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

To facilitate my screening as a volunteer with Girls Incorporated of Durham, I hereby authorize the exchange of information between Girls Incorporated of Durham and the above listed referees.

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date