



Inspiring all girls to
be strong, smart
and boldSM

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 _____

Phone: Home () _____

E-mail: _____

Best time to contact: Day _____ Evening _____ Work _____ At home _____

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

VOLUNTEER OPPORTUNITIES: Please choose from the following volunteer opportunities:

- ◆ Mall Crawl Walk-a-thon []
- ◆ Back to School Women's Fun Day []
- ◆ Golf Tournament []
- *** Bingo Volunteer Every Tuesday 11am - 3pm []
- *** Girls Inc. group programs []

PLEASE NOTE: Opportunities marked *** require a valid police check

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, 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
Another Volunteer Friend Community Display/Information Booth
Volunteer Resource Centre Other _____

WORK EXPERIENCE:

Occupation: _____
Duties: _____

Occupation: _____
Duties: _____

EDUCATION:

School currently attending : _____ Grade: _____

REFERENCES:

Please list names of three 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