



syiccn
for youth by youth

SYICCN Inc. VOLUNTEER APPLICATION FORM

Date _____
Name _____
Address _____ City _____
Province _____ Postal Code _____
Home Phone: _____ Work Phone: _____
E-mail: _____

Background

Previous Volunteer Experience

Age _____

Experience with Gov Care (Youth Justice System/Foster Care/Social
Work/Community work) _____

Other information that will help us make a good match (such as education, general
interests/hobbies) _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

- I Am Available Mornings (Mon-Fri)
- Afternoons (Mon-Fri) Evenings (Mon-Fri)
- Weekends/Overnights
- Once A Week
- More Than Once A Week
- One Time Only As Needed
- OTHER _____

CRC/License

Do You Have A Valid (State) Driver's License? Yes / No

To volunteer with the SYICCN Inc. it is mandatory to provide a current Criminal Record Check. We will provide you with the volunteer form which when presented at the time of CRC application will waive any fees associated.



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Do You Have Any Physical Condition that May Limit Your Activities? Yes No
If Yes, Describe:

Who To Notify In Case Of An Emergency?

Telephone Number: _____

References

Please list three persons we may call for character and experience reference

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Comments:

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature Of Applicant

Date