



230-659 King Street East
Kitchener, ON N2G 2M4
Phone: (519) 578-8018
Fax: (519) 578-8784
www.rayofhope.net

Volunteer Application Youth

(for volunteers 14 to 17 years of age)

Applicant Information

Name _____
Address _____ City _____
Postal Code _____ Email _____
Home Phone _____ Cell Phone _____
School _____ Grade _____
Birth Date _____ Hours Required _____
How did you hear about us? _____

Emergency Contact Information

Name _____ Phone _____
Relationship _____

Availability Information

When are you normally available to volunteer?

Sunday	morning _____	afternoon _____	evening _____
Monday	morning _____	afternoon _____	evening _____
Tuesday	morning _____	afternoon _____	evening _____
Wednesday	morning _____	afternoon _____	evening _____
Thursday	morning _____	afternoon _____	evening _____
Friday	morning _____	afternoon _____	evening _____
Saturday	morning _____	afternoon _____	evening _____

I would like to serve for _____ hours per _____

Why do you want to volunteer at Ray of Hope? _____

Describe any relevant work or volunteer experiences, skills, hobbies or interests. _____

Which of these activities are you willing to do?

- | | | |
|--|--|--|
| <input type="checkbox"/> coffee server | <input type="checkbox"/> dishwasher | <input type="checkbox"/> flower bed care |
| <input type="checkbox"/> food prep | <input type="checkbox"/> food-bank shelf-stocker | <input type="checkbox"/> general helper |
| <input type="checkbox"/> janitorial work | <input type="checkbox"/> property cleanup | <input type="checkbox"/> snow shoveller |

Volunteer Release

I hereby apply to Ray of Hope to serve as a volunteer. I certify that all of the information provided by me on this form is accurate and true. I understand that the act of applying does not guarantee a position and that Ray of Hope reserves the right to decline an application for any reason.

Name (print) _____ Date _____

Signature _____

Parent/Guardian Consent & Waiver

In order for your child to become a volunteer at Ray of Hope, we need your consent and involvement in helping them have a meaningful experience. Should you have any questions about the nature of our program, please contact Manager of Volunteer Services Ken Wideman (contact info listed above).

I understand that my child (named above) wishes to be considered for volunteer work with Ray of Hope and I hereby give my permission for him/her to serve in that capacity, if accepted by the agency. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed. I agree to assume and accept all liability and responsibility for the actions of my child resulting from their activity as a volunteer with Ray of Hope. I further understand that I may revoke this Parental Consent at any time by providing written notice of revocation of parental consent to Ray of Hope at the address listed above. I hereby confirm my child's agreement as expressed above with Ray of Hope, and grant my consent to the collection of any of my child's personal information which he/she may provide to you. I further confirm that I am myself over the age of 18 years.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Nature of relationship to volunteer _____

Volunteer Manager Signature _____

NOTE: Personal information is collected under the authority of PIPEDA and in compliance with ROH due diligence screening requirements. This information is used to make suitable placements amongst the variety of available options, as well as to communicate with the volunteer regarding their assignment, schedule, training opportunities and other related activities. Questions regarding this collection should be forwarded to the Manager of Volunteer Services, 230-659 King Street, East, Kitchener, ON N2G 2M4.