

United Way of Perth - Huron

32 Erie Street
 Stratford, ON N5A 2M4
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 E-mail: info@unitedwayperth.on.ca

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the United Way of Perth-Huron for the Youth United Board. Please complete this form to help us match your skills and interests with an appropriate position on the Youth United Board. This application and related information will remain confidential.

Basic Information

DATE:		NAME:	
ADDRESS:			CITY:
PROVINCE:			POSTAL CODE:
TELEPHONE NUMBER (Home):		(Work)	
FAX NUMBER:		E-MAIL:	
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>		OCCUPATION/TITLE:	
PLACE OF EMPLOYMENT:		LANGUAGES SPOKEN:	
DATE OF BIRTH: (optional)			

Emergency Contact

Name:			
Address:			
City:	Province:	Postal Code:	
Telephone Number: (Home)		Work:	
Relationship to Applicant:			

Volunteer Information

Why are you interested in volunteering with the United Way of Perth-Huron for the Youth United Board?

Do you have any past volunteer or job experiences? If yes, please list and briefly explain.

What skills and abilities do you possess that would benefit the Youth United Board?

Is there a particular role that you would be interested in on the Youth United Board? (Please check all that apply.)

Office/administration
Support

Fundraising

Community Events or Programs

Youth Grants and Allocations

Other (please explain):

What are some of your interests?

When would you be available to volunteer? (Please check all that apply.)		
Mornings <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Evenings <input type="checkbox"/>
Mondays <input type="checkbox"/>	Tuesdays <input type="checkbox"/>	Wednesdays <input type="checkbox"/>
Thursdays <input type="checkbox"/>	Fridays <input type="checkbox"/>	Saturdays/Sundays <input type="checkbox"/>
How did you learn about the United Way of Perth-Huron Youth United Board's volunteer opportunities?		
Advertisement <input type="checkbox"/>	Volunteers in Perth <input type="checkbox"/>	Member Agency <input type="checkbox"/>
United Way website/FaceBook <input type="checkbox"/>	Personal Referral <input type="checkbox"/>	Other (please specify)
References		
Please provide two references:		
1	Name:	
Telephone Number (Home):	(Work):	
Relationship:		
2	Name	
Telephone Number (Home):	(Work):	
Relationship:		
_____		_____
Signature of Applicant		Date
_____		_____
Signature of Parent/Guardian (if under 18 years of age)		Date

Revised: 2010