



York Care Centre

YOUTH VOLUNTEER APPLICATION

(Confidential)

Please return to: York Care Centre, 100 Sunset Drive Fredericton, NB E3A 1A3
Call 444-3880, Ext. 3111 if you have any questions or require further information (www.yorkcarecentre.ca)

Last Name

First Name

Mailing Address: _____

City /Province /Postal Code: _____

Home #: _____ **Cell #:** _____

E-mail: _____ **Birthday (month/day/year):** _____

Emergency Contact: _____ **Phone #:** _____

Name of school you are presently attending / Grade: _____

Favorite Subject(s): _____

When would you most likely be available?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
Evening							

How did you hear about our Volunteer Program? _____

Special Interest, Clubs, Hobbies, Skills, Languages: _____

Name any clubs, groups, etc. of which you are a member: _____

Volunteer Experience: _____

Have you previously volunteered with older adults? If so, when and in what context: _____

What do you hope to gain through your volunteer placement? _____

What skills and/or abilities would you like to share at York Care Centre (playing a musical instrument, singing, dance, reading, drama, etc.)? _____

...OVER ↓

WISE WHYS Why do you want to volunteer at this Centre?	GLAD GIFTS What special skills, talents, and/or interests do you enjoy doing and would like to share with the residents?
QUESTS What do you hope to learn through this experience?	TABOOS List what you never want to be asked to do...

Please give the name and phone number of two references. Your references cannot be in your immediate family or your friends. (Examples of references include teachers, coaches, etc.).

Reference #1 Name: Phone #:	Reference #2 Name: Phone #:
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I agree to have York Care Centre contact the above references

_____ **Youth Volunteer Signature**

Parent/Guardian Information

Parent(s) full name: _____

Phone #: _____ Cell #: _____

Does your child have any medical issues that we should be aware of in case medical attention is needed?

In signing this form, I give permission for my child to volunteer at the York Care Centre

Parental Signature: _____ Date: _____