



The Lloydminster Community Youth Centre

Volunteer Application

Name: _____ Date of Birth: _____

Phone: _____

Address: _____

Employer: _____

Skills and Talents: _____

Education Level: _____

1. Are you a smoker, or non-smoker?
2. Have you ever suffered from an emotional/ mental illness?
3. Have you ever dabbled in the occult?
4. Do you watch pornography, or have pornographic magazines, etc. in your home?
5. Do you use alcohol, or drugs?
6. How do you handle your emotions?

Please tell us why you would like to volunteer at the Lloydminster Community Youth Centre?

Please tell us what experience you have working with teens (at-risk teens)?

How do you see yourself contributing to the Youth Centre's programs and services? What specific areas are you interested in volunteering?

When are you available to start volunteering, and how often would you like to volunteer?

References		
<i>Name</i>	<i>Occupation</i>	<i>Address / Phone</i>

I hereby authorize the Lloydminster Community Youth Centre to make such investigation as they deem necessary regarding my background, personal and otherwise to determine the accuracy of the information furnished in this application and release any cooperating agency or organization from liability for releasing requested information/opinion.

Information shared at any time during the process of involvement with the program is confidential to the programs and is the sole property of the Lloydminster Community Youth Centre. I fully understand that the Lloydminster Community Youth Centre, following review of my application, reserves the right to refuse or accept my application.

I hereby grant permission to the Lloydminster Community Youth Centre to release in confidence information which may be deemed necessary by them in connection with any service to the Lloydminster Community Youth Centre.

I understand that prior to my volunteer approval I must also submit a current:

1. Criminal Record Check
2. CWIS Check
3. Oath of Confidentiality – commissioned by a Commissioner of Oaths.

Signature of Applicant _____ **Date** _____