



VOLUNTEER APPLICATION FORM

52 West Beaver Creek Rd., Unit 4
 Richmond Hill, On L4B 1L9
 Tel: 905-709-0900 ext 2252
 Fax: 905-709-1308
www.yellowbrickhouse.org

Contact Information (please print)	
Name:	
Street Address:	
City/Postal:	
Home Phone:	Emergency Contact Name:
Cell Phone:	Emergency Contact Ph #:
Email Address:	

How did you hear about Yellow Brick House?
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Why do you want to volunteer at Yellow Brick House?	
<input type="radio"/> To get involved in my community	<input type="radio"/> To earn community service hours
<input type="radio"/> To gain experience for work or school	<input type="radio"/> Other

In which areas are you interested in volunteering?	
<input type="radio"/> Administration	<input type="radio"/> Special Events / Fundraising
<input type="radio"/> Food/Clothing Organization	<input type="radio"/> Seasonal (Christmas)
<input type="radio"/> Maintenance	<input type="radio"/> Children
<input type="radio"/> Painting	<input type="radio"/> Other

Availability: Please circle your availability below							
Morning	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Afternoon	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Evening	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Experience, Special Skills & Qualifications:
<input type="radio"/> Summarize experience, special skills, and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies

Do you have any health related issues that may impact your Volunteer role? (i.e. Allergies)

(Please circle) Yes No If yes, please explain:

If you are under the age of 18, please have a parent/guardian fill out the following section:

My daughter/son, _____ has my permission to volunteer with the Yellow Brick House Volunteer Program

Parent/Guardian Signature _____

Date: _____ Emergency Contact Ph # _____

References: (i.e. school, work, volunteer)

I agree to have the following references contacted by Yellow Brick House staff: _____

Signature

1.	_____	_____	_____
	Name	Relationship	Telephone
2.	_____	_____	_____
	Name	Relationship	Telephone
3.	_____	_____	_____
	Name	Relationship	Telephone

Agreement and Signature

- I understand that if I am accepted as a volunteer, I am required to complete and submit the following: *Confidentiality Form; Police Screening; three (3) references*

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (print) _____

Signature _____

Date _____

Thank you for completing this application form and for your interest in volunteering with Yellow Brick House. Your privacy is important and we are committed to protecting and safeguarding your personal information.

*Please return this application to:

*Volunteer Coordinator
Yellow Brick House
52 West Beaver Creek Unit 4
Richmond Hill, On L4B 1L9*

*Tel: 905-709-0900 ext 2252
Fax: 905-709-1308
volunteering@yellowbrickhouse.org
www.yellowbrickhouse.org*