

# Volunteer Application Form

Youth Justice Committee

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ Resume Attached Yes \_\_\_\_ No \_\_\_\_

Highest level of education completed: \_\_\_\_\_

**Why are you interested in volunteering with the Niagara Youth Justice Committee?**

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**Do you have any professional and/or volunteer experience or skills as it relates to the Youth Justice Committee? If yes, please describe.**

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**Describe any experience/expertise you have which may benefit the Youth Justice Committee.**

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**Please indicate the times and days you are available to volunteer:  
(Place a check mark beside the day and circle the time available)**

- |                          |                   |         |           |         |
|--------------------------|-------------------|---------|-----------|---------|
| <input type="checkbox"/> | Monday            | Morning | Afternoon | Evening |
| <input type="checkbox"/> | Tuesday           | Morning | Afternoon | Evening |
| <input type="checkbox"/> | Wednesday         | Morning | Afternoon | Evening |
| <input type="checkbox"/> | Thursday          | Morning | Afternoon | Evening |
| <input type="checkbox"/> | Friday            | Morning | Afternoon | Evening |
| <input type="checkbox"/> | Flexible (varies) |         |           |         |

**The Niagara Youth Justice Committee serves the entire Niagara Region. Which areas would you be able/willing to work? (Please circle)**

St. Catharines	Thorold	Welland	Pelham	Port Colborne/Wainfleet
Niagara Falls	N.O.T.L.	Lincoln	Grimsby	West Lincoln

**Do you have a reliable source of transportation?** Yes \_\_\_\_\_ No \_\_\_\_\_

For your own protection, please list any medical conditions that Port Cares should be aware of such as diabetes, epilepsy, asthma (is an inhaler required), and/or anaphylactic reactions (is an epi-pen required).

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I will not hold PORT CARES or its staff responsible for injuries sustained during my volunteer position. Volunteer agrees to assume all risk and responsibility involved with volunteer's participation. Initial: \_\_\_\_\_

Please complete in full who should be contacted in the event of an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**How did you hear about this volunteer program?**

NEWSPAPER <input type="checkbox"/>	RADIO <input type="checkbox"/>	FRIEND <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>	SPECIAL EVENT <input type="checkbox"/>
AGENCY <input type="checkbox"/>	CLIENT <input type="checkbox"/>	OTHER <input type="checkbox"/>	_____	

**Please list the names and numbers of three non-family personal references.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that personal information on the forms I have completed, which includes; name, address, telephone number, and personal references is being collected under the authority of the police services act and the freedom of information act. The information will be used to determine my suitability as a volunteer and assess suitability for available volunteer opportunities. I understand that the information provided may be verified, and I give permission to the Niagara Youth Justice Committee to contact my references provided.

I further understand that the above information may not form the sole basis for a decision and that information garnered through other inquiries may also be considered.

I also certify that, to the best of my knowledge and belief, all statements made on this form are true and are subject to verification. I understand that any incorrect statement may disqualify me from further consideration as a volunteer.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Please return completed application to:

Port Cares  
Niagara Youth Justice Committee  
P.O. Box 21  
92 Charlotte Street  
Port Colborne, ON L3K 5V7  
Phone: 905 834-3629 ext. 242  
Fax: 905 835-6600  
Email: youth\_justice@portcares.on.ca