



ADULT & YOUTH ENRICHMENT CENTER INC

Quality, Dignity, Choices, Opportunities, Connect, Grow

1050 Lonsdale Avenue, Sudbury, Ontario, P3B 3B5
249 651 9787

Volunteer Application Form

PERSONAL INFORMATION	
First Name: _____	Last Name: _____
Mailing Address: _____ _____ _____	Telephone: _____ Phone Number: _____
Email: _____	Residence: _____ Postal code: _____
Age: <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-49 <input type="checkbox"/> 50+	

Interested area for Volunteering	
<input type="checkbox"/> Spiritual Growth Volunteer (Bible Study, Church)	<input type="checkbox"/> Animal Volunteer (Bringing your pet to support someone)
<input type="checkbox"/> Events Volunteer (Assisting in special events and Fundraisers)	<input type="checkbox"/> Teaching Volunteer (Teaching about different important topics)
<input type="checkbox"/> Driver Volunteer (Taking to appointments and for errands)	<input type="checkbox"/> Day Program Volunteer



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Answer the questions:

Can you work directly with a client? YES NO

Can you speak French? YES NO

Can you work directly with a staff person as an assistant YES NO

Can you work independently in a group home or day program YES NO

Can you willing to work 1:1? YES NO

Do you have a driver's license? Yes No Please indicate G1 G2 G

****IT IS A REQUIREMENT FOR VOLUNTEER TO HAVE A VALID G2 DRIVERS LICENSE****

Do you have a vulnerable person sector check within the last twelve (12) months?

YES NO

Please mention the date:

Have you ever been convicted of a criminal offense for which a pardon has

Not been granted? YES NO

Do you have a valid standard first Aid /CPR certificate? YES NO

***** IF NO, IT IS A REQUIREMENT OBTAIN A VALID CERTIFICATE AT YOUR OWN COST. *****

When are you available to volunteer? Please Highlight

- Flexible
- Days
- Evenings
- Weekends

Availability						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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VOLUNTEER EXPERIENCE:

EXPERIENCE:

SKILLS & CERTIFICATES



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REFERENCES

1. Name: _____

Contact No: _____

Address: _____

2. Name: _____

Contact No: _____

Address: _____

Signature

Parent/Guardian if under 18 years