



INNER CITY
OUTREACH

Volunteer Application Form

Thank you for your interest in volunteering with us! The Afterschool Homework Club, Revolution Basketball League and ICO Scouts are being operated by Inner City Outreach, a registered charitable organization that works with at-risk youth in inner city communities. We are excited about the possibility of having you join our team of caring and dedicated individuals working together to impact the lives of youth in the communities within which we operate our programs. Please help us to determine how to best make use of your skills and time as a volunteer by completing the following questions.

GENERAL INFORMATION:

Name: Mr Mrs Ms _____

Address: _____
STREET APT

CITY PROVINCE POSTAL CODE

Telephone: _____
HOME # CELL #

Email: _____

What is your preferred method of contact? Home Phone Cell Phone Email

What best describes your current employment situation?
 Employed Looking for work Student Other: _____

If you are a post-secondary student or graduate, what is your field of study/program?

Why do you want to volunteer with us?

AVAILABILITY:

Please select the program(s) you wish to volunteer with:
 Afterschool Homework Club (homework assistance and tutoring in math and literacy)
 Revolution Basketball League (students learn to play basketball)
 Scouts and Cub Scouts (helping kids learn a variety of practical skills)

Please indicate your times of availability:

Revolution Homework Club		
Brookview MS (Jane St and Shoreham Dr)	Oakdale Park MS (Jane St and Grandravine Dr)	Africentric AS (Keele St and Sheppard Ave)
<input type="checkbox"/> Tuesday: 3– 5:30pm	<input type="checkbox"/> Tuesday: 3 – 5:30pm	<input type="checkbox"/> Tuesday: 3– 5:30pm
<input type="checkbox"/> Wednesday: 3 – 5:30pm	<input type="checkbox"/> Wednesday: 3 – 5:30pm	<input type="checkbox"/> Thursday: 3– 5:30pm
<input type="checkbox"/> Thursday: 3– 5:30pm	<input type="checkbox"/> Thursday: 3 – 5:30pm	

Revolution Basketball League
Brookview MS (Thursday only) (Jane St and Shoreham Dr)
<input type="checkbox"/> Thursday: 6:00pm – 7:30pm
<input type="checkbox"/> Thursday: 7:30pm – 9:00pm

Scouts and Cub Scouts
Christian Centre Church (Friday only) (Jane St and Shoreham Dr)
<input type="checkbox"/> Friday: 3:30 – 5:30
<input type="checkbox"/> I am also available to help during weekend camping trips

In order to achieve the optimal mentoring experience, we encourage our volunteers to commit for an 8-month period throughout the academic year (Oct - May).

Does this meet with your expectations? Yes No

If *No*, please explain: _____

SKILLS & EXPERIENCE:

Academically, what is your strength?

- | | | | |
|---------|---------------------------------|----------------------------------|---------------------------------|
| Math | <input type="checkbox"/> Decent | <input type="checkbox"/> Average | <input type="checkbox"/> Strong |
| English | <input type="checkbox"/> Decent | <input type="checkbox"/> Average | <input type="checkbox"/> Strong |
| French | <input type="checkbox"/> Decent | <input type="checkbox"/> Average | <input type="checkbox"/> Strong |

What is your skill level in basketball? Can play Can coach Can scorekeep

Other notable skills? _____

Have you volunteered or worked with children or youth before? Yes No

If *Yes*, please explain when, where and what was the nature of your involvement:

REFERENCES:

Please provide two (2) references (not family members). At least one reference should be familiar with your community and/or volunteer involvement.

Name: _____

Relationship: _____

Telephone: _____ Email: _____

Name: _____

Relationship: _____

Telephone: _____ Email: _____

I have a valid Criminal Record check (obtained within the past 2 years). Yes No

I am volunteering in order to complete my required hours for a specific program.
(ie, York University Education placement, Social Work program, high school hours) Yes No

CONSENT:

I hereby authorize Inner City Outreach to obtain references from the above individuals in connection with my application for a volunteer position. I hereby authorize the above named individuals to provide a reference in connection with my application for a volunteer position with Inner City Outreach, and release them from any liability in regard to it. I also consent to photos and videos taken by Inner City Outreach for informational, promotional, retail, fundraising and/or other purposes.

I hereby certify that all information included in this application form is true and complete.

Signature: _____

Date: _____