



Saint John Boys & Girls Club, Inc.

Paul Harris Street & South End Community Centre
Saint John, New Brunswick
506-634-2011

Volunteer Applicant Information

Full Name: _____ Application Date: _____
Last First M.I.

Birthdate: _____
(No Year)

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Preference: Home Phone Cell Phone Work Phone

Email Address: _____

Would you like receive our monthly e-newsletter? YES NO

Have you ever volunteered for the Boys & Girls Club? YES NO If yes, when? _____

Position Applied For (if applicable): _____

Check all areas of interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Lunch Program, Kitchen Helper | <input type="checkbox"/> Music Program | <input type="checkbox"/> Tutor/Homework Club |
| <input type="checkbox"/> Evening Youth Program | <input type="checkbox"/> Art Program | <input type="checkbox"/> Banquet Server |
| <input type="checkbox"/> Front Desk Receptionist | <input type="checkbox"/> Gold Rush | <input type="checkbox"/> Canteen |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Youth Mentor | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Event Planning Committee | <input type="checkbox"/> Daycare or Afterschool |
| <input type="checkbox"/> Top Corner Hockey | <input type="checkbox"/> Happy Healthy Chefs | <input type="checkbox"/> Website/Social Media |
| <input type="checkbox"/> Class 4 Licensed Bus Driver | <input type="checkbox"/> Evening Bus Chaperone | <input type="checkbox"/> Gym Activity Coordinator |
| <input type="checkbox"/> Ball hockey South End Centre | <input type="checkbox"/> Summer Ball Hockey League | <input type="checkbox"/> Ball hockey organizing committee |

For more information on opportunities in any programs, please call 634-2011 or go to www.sjbgclub.com

Education

High School: _____ Did you graduate? YES NO

Post-Secondary: _____ Did you graduate? YES NO

Diploma: _____

Post-Secondary: _____ Did you graduate? YES NO

Diploma: _____

Courses

	Yes	No	
Standard First Aid & CPR	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Food Safety Course	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Department of Education - Policy 701	<input type="checkbox"/>	<input type="checkbox"/>	Date Taken: _____
Commit to Kids	<input type="checkbox"/>	<input type="checkbox"/>	Date Taken: _____
Suicide Prevention	<input type="checkbox"/>	<input type="checkbox"/>	Date Taken: _____

Volunteer Activities

Please list your past and present volunteer activities with other organizations

Organization	Role	Name of Supervisor	May we contact for a reference?	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Employment History

Current Company: _____ Supervisor: _____
 City: _____ Phone: _____
 Job Title: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your supervisor for a reference? YES NO

Previous Company: _____ Supervisor: _____
 City: _____ Phone: _____
 Job Title: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference? YES NO

PLEASE ATTACH A CURRENT RESUME TO APPLICATION

Character References

Please list two character references.

Name	Relationship	Phone Number

Children & Youth Volunteers

Please complete this section if you will be working directly with any of our children and youth.

Have you ever been convicted of a criminal offense for which a pardon has not been granted? YES NO

If yes, please explain: _____

NOTE: A CURRENT CRIMINAL RECORD CHECK IS REQUIRED WHEN WORKING WITH CHILDREN AND YOUTH

Disclaimer

I voluntarily give the Boys and Girls Club of Saint John the right to make a thorough investigation of my past activities and agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying information. I understand that any false statements made by me on this application or supplement thereto, or in connection with the above mentioned investigation will disqualify me for a volunteer position.

Applicant Signature: _____ **Date:** _____