

Volunteer Application Form

Wednesdays/Thursdays 3:30 pm – 6:00 pm

St. Andrew Anglican Church

125 Wellington St. W. Alliston, ON L9R 1H8

Mission Statement:

*To provide a safe, nurturing & secure environment where youth can grow in their social awareness & emotional intelligence, and reach their full potential.*

|  |
| --- |
| **Name:** First Name Last Name |
| **Birthday:** Month Day Year |
| **Age:** Click here to enter text. |
| **Please list any medications, health concerns or allergies:** Click here to enter text. |
| **School:** Choose a school |
| **Grade:** Click here to enter text. |
| **How will teenager get to club?** Click here to enter text. |
| **How will teenager get home from club?** Click here to enter text. |
| **Preference of Village Kids Club?** Choose a club. |
| **Volunteer’s Health Card No:** Click here to enter text. |
| **Doctor’s Name:** Click here to enter text. |

**Teenager’s Information:**

If your teenager/ward requires medical treatment, your signature (below) on this Consent Form gives the Village Kids Club authorization to take initial steps to secure medical advice and services. In that event, you or the person you designate on the form, will be contacted as soon as possible.

Click here to sign. Click here to enter a date.

***Signature of Parent/Guardian*** ***Date***

**Parental Contact Information:**

 **Parent/Guardian Name:** Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text. **Email**: Click here to enter text.

If, **in an emergency**, you cannot be reached, the following person is hereby authorized to act on your behalf and **has been notified that he/she has been granted this authority and may be contacted by *St. Andrew Anglican Church***.

**Name:** Click here to enter text. **Relationship to teenager**: Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell:** Click here to enter text.

**Permission To Be Photographed**

This is to certify that I, Insert Parent/Guardian’s Name, give my consent for my teenager/ward to have his/her picture taken during the program. The photographs may be used for such things as (but not limited too) future program posters, write ups, informational brochures, Church History, Church website, Face Book, Twitter etc.

 **Parent/Guardian Signature:** Click here to sign. **Date:** Click here to enter a date.

**Level of Experience (To be completed by teenager)**

Have you ever worked with children (other than your family) in the past; job related or volunteer?

**Yes** [ ]  **No** [ ]

If yes; when and in what capacity?Click here to enter text.

**References**

**Reference #1 *\*Cannot be a relative or someone under 18\****

 **Name:** Click here to enter text.

**Relationship to teenager:** Click here to enter text.

**How long have you known reference?** Click here to enter text.

**In what capacity do you know the reference?** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text.

**Best time to call?** Choose a time

**Reference #2 *\*Cannot be a relative or someone under 18\****

 **Name:** Click here to enter text.

**Relationship to teenager:** Click here to enter text.

**How long have you known reference?** Click here to enter text.

**In what capacity do you know the reference?** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text.

**Best time to call?** Choose a time

**Parent/Guardian Blanket Consent Form**

**Information**

When we plan an event, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is to ensure that you know what your (teenager/ward) is doing, and if in the unlikely event we need to contact you in an emergency, we have that information at our finger tips.

**Event Information:** **The Village Kids Club Alliston-walking during activity time**

Date: **February 2020** to **May 2020**

Leaving from this location: **St. Andrew Anglican Church**

Leader’s Name: **Sheila Dickson**

Transportation arrangements: **Walking**

Time of departure: **4:00 pm** Return: **6:00 pm**

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**Teenager Information:**

|  |
| --- |
| **Name:** First Name Last Name |
| **Address:** Click here to enter text.  |
| **Age:** Click here to enter text. |
| **Please list any medications, health concerns or allergies:** Click here to enter text. |

**This section applies for underage participants who are less than eighteen (18) years of age.**

In return for permission to attend the above Event, the undersigned acknowledges and warrants that:

1. My teenager/ward **requires no special arrangements to safely participate** in the Event under normal adult supervision

 **Yes** *(child can participate fully)* [ ]  **OR** **No** *If you* ***answered NO, specify*** *the special arrangements required below:* [ ]

Enter special arrangements that are required for your teenager to participate

1. If your teenager/ward requires medical treatment, your signature (below) on this Consent Form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you or the person you designate on the form will be contacted as soon as possible.

Click here to sign. Click here to enter a date.

***Signature of Parent/Guardian Date***

If, in an emergency, you cannot be reached, the following person is hereby authorized to act on your behalf and **has**

**been notified that he/she has been granted this authority and may be contacted by a Leader.**

**The emergency contact information for your child is…**

* **The same emergency contact information as listed on *The Village Kids Club* Teenager Volunteer Application Form. (check box and sign below)**

[ ]

Click here to sign. Click here to enter a date.

 ***Signature of Parent/Guardian Date***

 **OR**

* **if you would like to designate a different emergency contact then the one noted on the registration form, then please complete this section below:**

**Name:** Click here to enter text.

**Relationship to teenager**: Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text.

Once completed, please **SAVE** this application form and **EMAIL** the application form as an attachment to **s.dickson@standrewanglican.ca**

Thank you for interest in volunteering at The Village Kids Club. If you have any questions, please send an email to the above email address.

Sheila Dickson

(Program Coordinator)