



Volunteer Application Form

Please return this form electronically if possible.

If completing by hand, please print clearly.

All information gathered will be kept confidential and will be used only by Roots 2 STEM.

General Information

Last Name:		First Name:	
Title:		Middle Initial(s):	
Address:			
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Preferred contact method:			
Emergency Contact:		Relationship:	
Have you ever been convicted of an offence under the Youth Criminal Justice Act or criminal law? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you prepared to obtain a criminal record check and vulnerability sector check? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Area(s) of Interest

Please rank your preferences of which type of volunteering you would like to perform (1st choice, 2nd choice etc.)

Mentorship (youth programs)	Clerical/Administration/Accounting	Corporate Training
Adult Program Facilitator	Projects/Research	Special Events/Guest
Internship	Presentations/Public Speaking	IT, Web Design, E-marketing
Grants/Sponsors Development	Fundraising	Birthday Parties
Outreach Projects	Instructor	Other (Please specify):

Current or Past Volunteer Experience

Have you previously been a volunteer? Yes No If yes, please provide details:

Are you currently a volunteer? Yes No If yes, please provide details:

Can you provide a resume? Yes No Attached

What training or qualifications do you have? Engineering/sciences/technology, accounting, public speaking, teaching, working with children or youth, fundraising? What skills would you like to use to support R2S's goals and programs?

Current Commitment/Availability

<input type="checkbox"/>	Daytime, weekdays	<input type="checkbox"/>	Weekdays 4:00 pm – 6:00 pm	<input type="checkbox"/>	Weekday Evenings
<input type="checkbox"/>	Weekends				
<input type="checkbox"/>	Variable, as scheduled				
<input type="checkbox"/>	Occasionally, as needed				

How did you hear about the volunteer program at Roots 2 STEM? (Check all that apply)

<input type="checkbox"/>	Public Event	<input type="checkbox"/>	Called/Dropped in	<input type="checkbox"/>	School/Work	<input type="checkbox"/>	Media/Internet
<input type="checkbox"/>	Anther Volunteer	<input type="checkbox"/>	Roots 2 STEM Staff	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Signage/Posters
<input type="checkbox"/>	Other (Please specify):						

***Applicants under the age of majority must have a parent/guardian complete the following:**

I am aware of and support my child/legal dependent's decision to volunteer with Roots 2 STEM.

Name:

Relationship to Applicant:

Telephone Number:

Parent/Guardian Signature

Date (DD/MM/YYYY)

By checking this box, I **certify that** the information in this form is correct and complete, without consequential omissions of any kind. I **understand that** this Application is the first step in the screening process and that there are additional eligibility requirements and screening procedures.

Applicant's Signature*

Date (DD/MM/YYYY)