



**London Youth for Christ**  
 254 Adelaide St S, London, Ontario N5Z 3L1  
 Phone: (519) 686-0093 E-mail: info@yfclondon.com  
*"We see the **hope** and **potential** in every young person".*

**Volunteer Application**

Date: \_\_\_\_\_  
 Satellite: \_\_\_\_\_

**Please Print Clearly**

General				
Surname		Given Names		Middle Initial
Address	Street/P.O. Box	Apt. No.	City/Town	Province Postal Code
E-Mail Address		Home Telephone No. ( )		Business Telephone No. ( ) Ext.
Contact in Emergency	Relationship	Home Telephone No. ( )		Business Telephone No. ( ) Ext.

Education				
Are you now a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be a full-time student in the next school year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure				
Check off grade/year completed				
Grade School <input type="checkbox"/> 8 High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13/OAC				
Post Secondary Education	Course of Study (include major subject)	No. of Years Attended	Name of Degree/Diploma Certificate	Did you Graduate?
University or College				
Other Schools or Courses				

Employment	
Current Occupation:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	May we approach them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of present employment:	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous employment:	Reason for leaving: May we approach them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Interests, Skills and Activities		
Special Skills or Certification: (ie. tutoring, lifeguard, second language, first aid etc.)		
Interests, Hobbies, Sports:		
Home Church:	How Long?	Church Activities or Responsibilities?
Other Memberships/Volunteer Commitments:		

Ministry
Describe your conversion to Christ and your present relationship with Him.

In the next year, what objectives (spiritual, social, intellectual, physical) do you have for your personal life?

Do you subscribe to the Youth for Christ Statement of Faith?  Yes  No, please explain \_\_\_\_\_

Do you subscribe to the Youth for Christ Code of Conduct?  Yes  No, please explain \_\_\_\_\_

**Personal Information**

Character Strengths: (please indicate what you believe to be your character strengths)

- Creative     Tolerant     Listener     Patient     Self-Disciplined     Sensitive     Confident     Sincere  
 Friendly     Honest     Conscientious     Peaceable     Grateful     Trustworthy     Flexible     Loyal

General Health: \_\_\_\_\_ Have you ever worked with young people before?  Yes  No

Do you have access to a vehicle?  Yes  No  Occasionally, please explain: \_\_\_\_\_

If yes, would you consider using your car to transport individuals when necessary?  Yes  No

Do you have a valid driver's licence?  Yes  No    Class/Type of Licence: \_\_\_\_\_    Licence #: \_\_\_\_\_

**NOTE: YFC London requires all drivers to carry a minimum of \$2 million public liability. A copy of your insurance policy indicating this coverage must be submitted annually before you are allowed to drive any young people.**

**NOTE: The following questions are not meant to be offensive, but to protect the safety and welfare of our youth.**

Have you ever been charged for any driving infractions?  Yes  No If so, please explain \_\_\_\_\_

Have you ever been arrested?  Yes  No If so, please explain \_\_\_\_\_

Do you presently:    Smoke  Yes  No    Consume Alcohol  Yes  No    Use any drugs or narcotics  Yes  No

Have you ever gone through treatment for drug or alcohol abuse?  Yes  No If so, please explain \_\_\_\_\_

Have you ever suffered from an emotional or mental illness?  Yes  No If so, please explain \_\_\_\_\_

Have you ever had sexual relations with any minor after you became an adult (18 years of age)?  Yes  No If so, please explain \_\_\_\_\_

Have you ever been involved with any occult (astrology, tarot cards, etc.) or non-religions?  Yes  No If so, please explain \_\_\_\_\_

**References:****Please Print:**

Because of the confidential nature of volunteering, we require three references other than relatives. Please include your pastor, and one personal friend.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Home Telephone No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Home Telephone No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone No. ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Home Telephone No. ( ) \_\_\_\_\_

**Qualifying Statement for Application**

I give permission to London Youth for Christ to contact the three references that I have listed on my application form. I understand that the information that is contained in the references given to YFC London is confidential. I also understand that if necessary, YFC London may request further references and I am prepared to give those upon request.

I understand that acceptance into London Youth for Christ is not automatic and is decided upon completion of the screening procedure which includes interviews, reference checks, and a criminal record check. I also understand that I may be required to complete Orientation and Training prior to starting to volunteer and will be required to attend Orientation and Training sessions regularly during my involvement with London Youth for Christ.

I understand that my goal is to minister to youth through trust-based relationships. As a result, I am willing to commit for one full year, on a regular basis.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Confidentiality Statement**

I hereby acknowledge that I understand that in the course of carrying out my duties I will be dealing with information contained in files and records that is confidential or that reveals or tends to reveal the identity of the person who is the subject of the record or the identity of a person who has provided information about the subject for the record.

I agree to hold such information confidential and, except as I may be legally required, I will not disclose or release it to any person at any time.

I, the undersigned, shall not, either, during my term as a volunteer or at any time thereafter, disclose to any person, unless required by law, any confidential, private or personal information concerning the clients, co-volunteers and staff of London Youth for Christ.

Signed at \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Location Date Month Year

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Supervisor Signature

### Volunteer Agreement/Release and Waiver

I, \_\_\_\_\_, (full name) in applying to perform duties for London Youth for Christ Satellite) as a volunteer, fully understand and agree to the following:

- That I will not receive any remuneration, salary, wage or payment or any employee benefit whatsoever, or be covered by Workers' Compensation benefits.
- That except as authorized, I will not use the facilities and equipment or disclose or make use of any confidential information.
- That volunteer work may involve personal risk and could result in property damage or personal injury. Notwithstanding this acknowledgement, I hereby release London Youth for Christ from all claims for said damage or injury resulting from my participation as a volunteer.
- That London Youth for Christ carries liability insurance, which would, subject to the conditions of the policy, cover me in the event of a claim arising out of my good faith performance of authorized volunteer duties for YFC London.

**BY SIGNING THIS FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE CONDITIONS, RELEASE AND WAIVER.**

Signed at \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Location Date Month Year

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Supervisor Signature

### For Office Use Only

**SUPERVISOR NAME:** *(Please Print)*

**SUPERVISOR SIGNATURE:**

**APPROVAL DATE:**