Rebound Child & Youth Services Inc.

700 D'Arcy Street North, Unit 20, Cobourg ON K9A 5T3 (905) 372-0007

VOLUNTEER APPLICATION

Preference of Volunteer Involvement: ***(please check all that apply)***

_____ CHOICES Life-Skills Program

_____ READbound - Literacy Program

_____ Board of Directors

_____ On-TRAC (anger awareness program)

_____ Youth Justice Committee

_____ Fund Raising & Events

_____ Enrichment Programs (e.g. summer programs)

NAME: _____
Last First Initial Dr. Mr. Mrs. Miss Ms.

HOME ADDRESS: _____
Apt./House Number Street

_____
Town/City Postal Code Email

PHONE: _____ **When is the best time to call?** _____

Please check applicable box: 17 years and under ___ 18 years and over ___

PLACE OF BUSINESS/SCHOOL: _____

PHONE: _____ **Can we call you at work? Yes _____ No _____**

PLEASE PROVIDE THREE PROFESSIONAL REFERENCES:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

I, am applying for a volunteer position with *Rebound Child & Youth Services Inc.* ("*Rebound*") and hereby authorize *Rebound* to contact the above individuals for the purpose of obtaining a reference in connection with my volunteer application with *Rebound*.

I also understand that the information received from the references will be held in confidence by *Rebound.*

I further acknowledge that *Rebound* is under no obligation to accept my volunteer application and reserves the right to reject my application without supplying reasons therefore. I also acknowledge that my file becomes the property of *Rebound.*

_____ _____

Applicant Signature Date

PLEASE LIST ALL YOUR CURRENT AND PAST VOLUNTEER POSITIONS & EMPLOYMENT EXPERIENCES, ALONG WITH PERSONAL INTERESTS/HOBBIES – **(please attach resume):**

_____

_____

_____

_____

IN CASE OF EMERGENCY, PLEASE NOTIFY**:**

Name: _____ **Phone:** _____

Relationship: (i.e. spouse, mother, etc.) _____

MEDICAL INFORMATION**:**

Doctor: _____ **Phone:** _____

Do you have any medical conditions or other limitations we should know about? _____

_____

WHERE DID YOU HEAR ABOUT OUR ORGANIZATION? _____

PAST INVOLVEMENT WITH REBOUND? _____

WHAT MOTIVATED YOU TO CONSIDER VOLUNTEERING? _____

_____

I acknowledge and understand that this is an application to become a *volunteer* with Rebound Child & Youth Services Inc. I understand there will be no financial compensation, and that attendance and work performed by the volunteer with Rebound, will be at the sole risk and expense of the volunteer. I give permission for Rebound to make inquiries of others, which may include a criminal background check.

_____ _____

Volunteer's Signature **Date**

_____ _____

Rebound Staff **Date**

All personal information given to Rebound Child & Youth Services Inc. (contact information email addresses, etc.) is used solely for Rebound Child & Youth Services Inc.("Rebound") and will not be sold, traded or given to any unrelated third parties. Rebound sincerely appreciates your interest and support and respects your privacy. Please refer to Rebound's Privacy Policy for more information.