



WAY Volunteer Application Form

WAY respects your privacy and personal information collected on this form will only be used for the purpose(s) indicated on the form. Access to the personal information will be limited to those who require it for program or administrative purposes. Requests for access to information about yourself in the custody or control of WAY may be directed to privacy@weareyoung.ca. Any privacy inquiries or concerns regarding personal information collected, used, or disclosed by WAY or requests for a copy of our Privacy Policy, may be directed to privacy@weareyoung.ca

CONTACT INFORMATION

First and Last Name: _____
Address: _____ Apt #: _____ City: _____ Province: _____ Postal code: _____
Phone Number: _____ cell home work
Email: _____ Preferred Method of contact: email phone

EMERGENCY CONTACT

Name: _____ Relationship: _____
Phone (home): _____ Phone (cell): _____ Phone (work): _____

How did you hear about We Are Young?

Why do you want to volunteer with WAY? *(Please tell us a bit about yourself!)*

Areas of Volunteering Interest:

- Leadership- sharing professional/leadership skills or committee participation
- Marketing/Communications – writing, editing skills, social media
- Office Administration – data entry, accounting, mail-outs
- Special Events – event day assistance
- Volunteering to help grant wishes
- Helping, but unsure of which opportunity works best for me.

Availability:

Please provide general availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
mornings	mornings	mornings	mornings	mornings	mornings	mornings
afternoons	afternoons	afternoons	afternoons	afternoons	afternoons	afternoons
evenings	evenings	evenings	evenings	evenings	evenings	evenings

Please indicate any scheduling concerns (e.g. vacation times; exams, etc.):

Successful applicants will be contacted to discuss current opportunities.

A criminal record with a vulnerable sector check may be required for some volunteer positions.

Please mail application to: WAY, PO Box 25202, Clayton Park, NS B3M 4H4 **or** email: alanna@weareyoung.ca

Signature: _____ Date: _____

IF UNDER 18 YEARS OF AGE:

Parent/Guardian Signature : _____ Date: _____