



### Volunteer / Employment Application

Application for: VOLUNTEER  EMPLOYMENT

#### Personal Information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_ Night Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date Available to Begin Volunteer / Work: \_\_\_\_\_

Are you legally entitled to work in Canada? Yes  No

#### Education Information

##### Secondary Education

School: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Year: \_\_\_\_\_

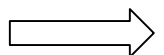
##### Post-Secondary Education (University, Business, Technical)

School Name	Degree / Diploma	Majors / Specialization	Length of Course	Completed?	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

##### Other Courses, Workshops, Seminars

Course Name	Institution	Year Completed

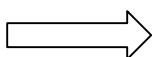
Please Turn Over



**Volunteer / Employment History** (Please start with the most recent)

Name of Employer and Address:	Position Title:	From (Month / Year):	To (Month / Year):
	Responsibilities:		
	Reason For Leaving:		
Name of Employer and Address:	Position Title:	From (Month / Year):	To (Month / Year):
	Responsibilities:		
	Reason For Leaving:		
Name of Employer and Address:	Position Title:	From (Month / Year):	To (Month / Year):
	Responsibilities:		
	Reason For Leaving:		

**Please Turn Over**



**References**

I authorize you to obtain references from my past and present employers / supervisors

Name	Relationship to you	Years known	Phone number

**Work and Volunteer-Related Skills**

*Describe any of your work-related skills and / or volunteer-related skills or experience that relate to the position being applied for.*

**Notice To Applicant**

It is the policy of the YMCA-YWCA of Vancouver Island that applications are accepted and positions filled without regard to the applicant's race, ancestry, place of origin, colour, ethnic origin, handicap, citizenship, creed, sex, sexual orientation, age, record of offenses, marital status, or family status.

It is a condition of employment that all employees agree to:

1. Be bound by the policies and procedures of the YMCA-YWCA of Vancouver Island and;
2. Provide a Canadian Criminal Record Clearance letter, or permission for a criminal record check to be conducted on his/her behalf.

The personal information collected on this application form will be used for the purposes of establishing and maintaining the employment relationship and will not be used for any other purpose or disclosed to any third parties without first notifying you.

The YMCA-YWCA of Vancouver Island shall protect personal information by security safeguards appropriate to the sensitivity of the information. We will protect personal information against such risks as loss or theft, unauthorized access, disclosure, copying, use, modification or destruction, through appropriate security measures.

The employment application form will be retained for one year in the case of an unsuccessful applicant and for twenty (20) years if the applicant is successful and becomes an employee of the YMCA-YWCA of Vancouver Island.

I, the undersigned, declare that the information provided herein is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal. I authorize any person, educational institution, or organization I have listed as a reference to disclose in good faith any information they may have regarding my qualifications for employment. I will hold you and any of my former employers, educational institutions and any other persons giving references free of liability for providing this information and any other reasonable and necessary information related to my application for employment.

Signature:	Date:
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*Thank you for completing this application form and for your interest in employment with the YMCA-YWCA of Vancouver Island.*