



FOR OFFICE USE ONLY

Interview Date _____ / _____ / _____

Time _____

Interviewer _____

References Checked / N/A

ACCEPTED / NOT ACCEPTED

Date Accepted _____ / _____ / _____

VOLUNTEER APPLICATION

Contact Information

Surname	First	Middle Initial
Address	City/Town	Province/State
Post/Zip Code	Date Of Birth (mm/dd/yyyy)	Phone Number
Mobile Number	Fax Number	E-Mail Address

Previous Affiliation With Teen Force

Have you ever volunteered with Teen Force before?

Yes No

If so, when? From: _____ To: _____

Where (if applicable)? _____

What position(s)? _____

Reason for leaving: _____

Background Information

Please list your previous volunteer and/or work experiences.

Organization/Company	Title / Responsibilities	From	To

Education

Are you currently in school?

Yes No

If so, which school are you attending? _____

Grade/Level Completed: _____

Program/Course (if applicable): _____

General Questions

What are your hobbies/interests?

What skills do you have that you will bring to Teen Force?

How did you hear about Teen Force? Why are you applying to be a part of our team?

Join The Team

Please check which department(s) you are interested in:

Virtual Assistance (VA)

Members are virtual volunteers and will work online via the Teen Force website through their requested position(s).

Public Relations (PR)

Members are involved in positions that deal directly with the public such as speaking at conferences, advertising, being an active part of fundraising events, etc.

Client Relations (CR)

Members are involved in positions that deal directly with our clients such as mentoring, tutoring, etc.

Human Resources (HR)

Members are involved in positions that deal directly with our volunteers/potential volunteers such as training, staff resources, filling out reports, internal and external affairs, etc.

Research & Development (RD)

Members are involved in positions that deal with organizing programs/ideas and implementing them to suit our clients.

Which location are you applying to? (if applicable): _____

Availability

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

<p>Have you been convicted of a crime which you have not yet been pardoned for?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Please list at least two references that we may contact.			
Name	Phone Number	Address	Years Known / Relationship

Confirmation

By signing below you confirm that the above information is both truthful and correct to the best of your knowledge. You also recognize that your personal information is kept confidential and will not be shared with another party for any reason other than that of a legal obligation.

Your Signature: _____

Date: _____

IF YOU ARE UNDER 16 YEARS OF AGE

Signature of Parent/Guardian: _____

Date: _____

1890 Oneida Court
Windsor, ON
N8Y 1S8

Phone: (519) 968-2252

Email: management@teenforce.net Website: <http://teenforce.net>