

Schedule "A"
Volunteer Application Form for Children Programs (Applicants aged 14-16)

THIS FORM IS TO BE USED FOR ANY PERSON UNDER 16 YEARS OF AGE

Markham Wesley Centre (the "Centre") is committed to providing a safe environment for Children who are in attendance at the Centre or are participating in activities of the Centre. Therefore it is the policy of Markham Wesley Centre to screen all Applicants who wish to work with Children.

PLEASE COMPLETE THE FOLLOWING:

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Position you are applying: _____

If this position is not available, would you consider a different position? ☐ Yes ☐ No

If yes, which position might interest you? _____

Please provide a contact in case there is an emergency:

First Name: _____ Last Name: _____ Relationship to you: _____

Address: _____ City: _____ Postal Code: _____

Home phone: _____ Cell phone: _____

Email: _____

Why do you want to volunteer to work for this position?

What gifts, talents, background and skills or training do you bring to this position?

Are you willing to participate in Training Days? _____

Have you been involved, or are you presently involved in working with Children?

Please give a description of any involvement you have had with Children in the last five years.

- I certify that the information that is provided on this Volunteer Information Form is true and complete.
- I understand that this information will remain confidential and is the property of the Centre.
- If I have indicated that I would consider volunteering in another area, then I understand that my name and phone number will be given to the appropriate project leader/coordinator so that she/he may contact me.

Signature: _____

Date: _____

Parent's/Guardian's Consent

I, _____, give my permission for _____ to volunteer at Markham Wesley
(Your name) (Name of Applicant)

Centre (MWC) and I take responsibility for him/her. I understand that he/she is to participate as

_____ and will be expected to comply with the terms of the Child Abuse and Sexual
(Type of ministry)
Exploitation Policy and will be faithful in honoring his/her volunteer commitments.

I also understand that should he/she fail to comply with the Child Abuse and Sexual Exploitation Policy, his/her participation in this position will be terminated immediately.

Signature _____

Date _____

Please list two (2) people who know you and can describe your suitability for this position.
(i.e. a teacher, coach, neighbor, etc.)

Please remember to tell these people that the Centre will be contacting them.

Name: _____ Phone: _____
Address: _____ City: _____ Postal Code: _____
Relationship to you: _____
Email: _____

Name: _____ Phone: _____
Address: _____ City: _____ Postal Code: _____
Relationship to you: _____
Email: _____

I, _____, authorize a member of Markham Wesley Centre to contact the
(Name of Applicant)
Character references which I have listed on this Volunteer Information Form, in order to collect the information
which is appropriate to the Centre. I understand that the information obtained will be confidential.

Signature

Date

PLEASE RETURN THIS COMPLETED FORM TO THE CENTRE