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| **PERSONAL INFORMATION** | |
| NAME | Click here to enter text. |
| MAILING ADDRESS | Click here to enter text. |
| CITY, PROVINCE | Click here to enter text. |
| POSTAL CODE | Click here to enter text. |
| HOME PHONE NO. | Click here to enter text. |
| CELL PHONE NO. | Click here to enter text. |
| E-MAIL ADDRESS | Click here to enter text. |
| DATE OF BIRTH (D/M/Y) | Click here to enter text. |

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| **INTERESTS** |
| Please select which of the following area(s) you are interested in volunteering.  First Steps Child Care Drop In Centre  Donation Room Support  Administrative/Clerical  Special Events/Fundraising  Marketing/Graphic Design  Fund Development Committee  Social Media/Website Updates  Member of the Board of Directors  Client Programs/Activities Support  Mentoring  Other: Click here to enter text. |

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| **EDUCATION AND TRAINING** |
| Please indicate the types of education and training acquired to date.    University Name, City: Click here to enter text. |
| Focus, Dates: Click here to enter text. |
| College Name, City: Click here to enter text. |
| Focus, Dates: Click here to enter text. |
| High School Name, City: Click here to enter text. |
| Focus, Dates: Click here to enter text. |
| Other Name, City: Click here to enter text. |
| Focus, Dates: Click here to enter text. |
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| **WORK and/or VOLUNTEEREXPERIENCE** | |
| Please list your work/volunteer experience, beginning with the most recent. | |
| EMPLOYER | Click here to enter text. |
| CITY, PROVINCE | Click here to enter text. |
| POSITION HELD | Click here to enter text. |
| DATES OF EMPLOYMENT | Click here to enter text. |
| EMPLOYER | Click here to enter text. |
| CITY, PROVINCE | Click here to enter text. |
| POSITION HELD | Click here to enter text. |
| DATES OF EMPLOYMENT | Click here to enter text. |
| EMPLOYER | Click here to enter text. |
| CITY, PROVINCE | Click here to enter text. |
| POSITION HELD | Click here to enter text. |
| DATES OF EMPLOYMENT | Click here to enter text. |

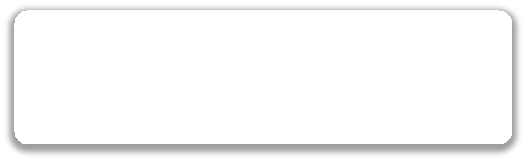
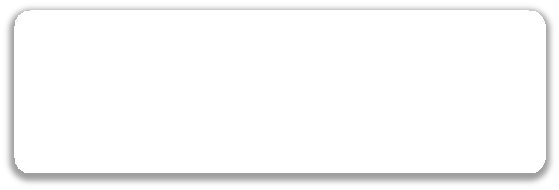
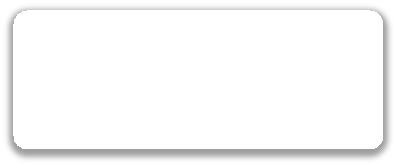
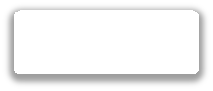
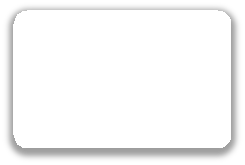
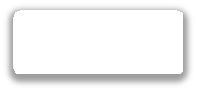
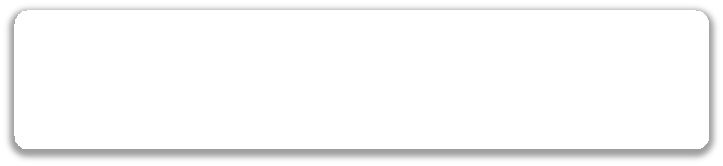
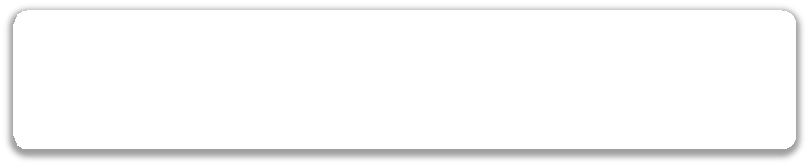
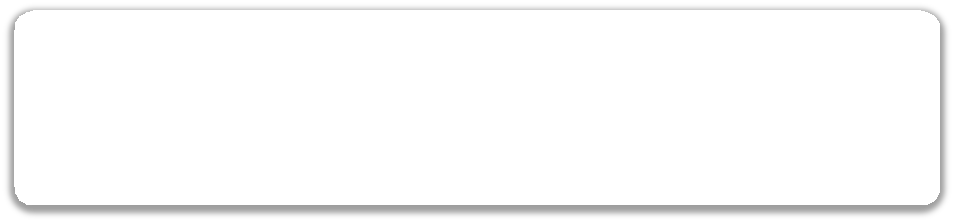
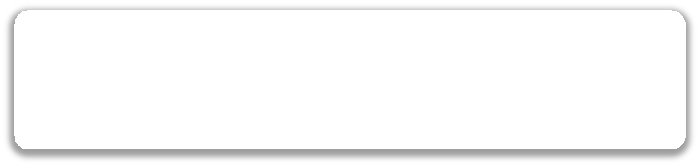
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| **SPECIAL SKILLS/INTERESTS** |
| Briefly describe or list skills/special interests you have that you feel may be a benefit and may contribute towards the betterment and success of the Society. (For example, computer skills, social media expertise, budgeting tools, resume writing, nutrition, graphic design, etc.) |
| Click here to enter text. |
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| **REFERENCES** | |
| Please list two references (not relatives) that we may contact. | |
| NAME, CITY | Click here to enter text. |
| PHONE NO. | Click here to enter text. |
| NAME, CITY | Click here to enter text. |
| PHONE NO. | Click here to enter text. |

All the information I have provided in this application is true and I authorize the Volunteer Coordinator of The Society for Support to Pregnant & Parenting Teens to contact and request information from the references I have named.

Signature (Print Name if completing online) Date

**HOW TO BECOME A VOLUNTEER**



General Inquiry.

Application form provided for completion.

Schedule meeting with Volunteer Coordinator.

Meeting with Volunteer Coordinator.

Sign Confidentiality Agreement.

Submit completed application form.

Discuss opportunities, review application process, letter for

checks required/provided for completion.

Submit Criminal Record Check and Child Welfare Check

to Volunteer Coordinator.

Review and acceptance/decline is determined of

application by Volunteer Coordinator based on fit

and needs of the organization.

DECLINE

ACCEPT

Letter sent to

applicant.

Complete Volunteer

Orientation. Includes

review of manual, work

expectations, site tour.

Complete Area Specific Training &

Supervision. Initialized by Volunteer

Coordinator and transferred to

supervising staff member.

**PLACEMENT**

Volunteer works independently of

Volunteer Coordinator.