



Inspiring all girls
to be strong,
smart, and bold

Girls Inc. of York Region
460 Davis Drive
Newmarket, ON L3Y 0C4

Ph: 905-830-0776

www.girlsincyork.org

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with us! The following questions will help us to assess your suitability for the positions you are interested in. Please answer all of the questions as completely as possible, and send the completed application to volunteer@girlsincyork.org

SELECT AREAS OF INTEREST

- Special Events
- Student
- Office Administration
- Committee Member
- Program Facilitator Assistant
- Workshop Facilitator Assistant

CONTACT INFORMATION

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: (____) _____ - _____

Email: _____

EDUCATION

Highest Level Completed: _____

**If postsecondary school is indicated above please answer the following:*

Major: _____

Additional Certifications: _____

AVAILABILITY **check all that apply*

Days (9:00am – 4:00pm)

Monday Tuesday Wednesday Thursday Friday

Evenings (4:00pm – 7:00pm)

Monday Tuesday Wednesday Thursday Friday

Weekends

Saturday Sunday

EMPLOYMENT/VOLUNTEER EXPERIENCE

Employer: _____ **Position:** _____

I have worked/volunteered with the above for (#): _____ **months/years**

Employer: _____ **Position:** _____

I have worked/volunteered with the above for (#): _____ **months/years**

**references need to be available upon request*

ADDITIONAL INFORMATION

Please tell us in your own words why you are interested in volunteering with Girls Inc. of York Region (i.e. what you hope to gain from the experience and what you can contribute to our organization): _____

Applicants Signature: _____

Date: _____

***Please Note:** Qualified candidates will be contacted for an interview when a position is available. Volunteer training occurs quarterly, you will be contacted within 2-4 weeks upon submission of this application.

The collection of Personal Information by Girls Inc. is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) A copy is available upon request.