

## 2020 - 2021 Pathways to Education Volunteer Application

Thank you for your interest in volunteering with Pathways Spryfield. Please take some time to complete this application. We look forward to working with you!

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Do you currently or have you ever lived in Spryfield?  Yes  No

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Date of Birth (DD/MM/YYYY)

Do you have any medical condition(s) that others should be aware of for your health and safety? (such as diabetes, arthritis, epilepsy, asthma, heart condition, Alzheimer, other.

\_\_\_\_\_

### EMERGENCY CONTACT

Who should be contacted in the case of an emergency?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

A Program of:



531 Herring Cove Road, Halifax, NS B3R 1X3

PHONE: (902) 477-0964 ext 29

FAX: (902) 477-8984

EMAIL: [volunteer@chebuctoconnections.ca](mailto:volunteer@chebuctoconnections.ca)

**HOW DID YOU HEAR ABOUT US?**

How did you hear about our program? (friend, volunteer fair, website, social media, etc.)

**RELEVANT INTERESTS, ABILITIES AND WORK/VOLUNTEER EXPERIENCE**

Why are you interested in volunteering with Pathways to Education Spryfield?

Please indicate any experience you have working with youth and young adults.

What experience you have working in an educational or community development setting?

Do you have any special skills, abilities or certifications that you would like to share? A second language, First Aid Training, music, art, sports, resume writing, budgeting, cooking or other.

What subjects do you feel comfortable tutoring? Math, Science, Physics, French, Other?

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**AVAILABILITY**

**Volunteer Position Sought:**

- In-person Program Assistant
- Virtual or Online Homework Helper
- Occasional or Special Events Volunteer
- Healthy Snack Preparation

Are you interested in volunteering for special events throughout the year? Example: fundraisers, workshops, graduation, field trips and excursions.

Yes                      No

**PROGRAM ASSISTANT SCHEDULE**

We would like to accommodate your preference as best we can. At this time, is there a preferred time/day that you would like to volunteer as a program assistant?

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<b>2:30 - 3:30</b> Snack Prep				
<b>3:30-5:00</b> 1st Session				
<b>5:00-5:30</b> Break				
<b>5:30-7:00</b> 2nd Session				

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**REFERENCES (No Relatives or Friends)**

Please list two professional references (include your current or past employer) who know you well and can attest to your character, skills, and dependability. References must have known you for a minimum of 6 months.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:**

- I understand that there may not be a suitable volunteer role available at this time and that my information will be kept on file for future opportunities.
- I understand that this is an application for volunteering and not a commitment or promise of employment.
- I authorize Chebucto Connections, Pathways to Education Spryfield, to contact the references I have provided (above) as part of the screening process for volunteers and record information from this application into a volunteer management database.
- I agree to complete a Criminal Record Declaration prior to participation in the Pathways to Education after school program.
- I certify that the information provided to Chebucto Connections and Spryfield Pathways to Education is true, correct and complete to the best of my knowledge. I understand that the information contained on my application will be verified by the organization and that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You will be contacted for an interview once this application form is reviewed.**

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