

2023-2024 Pathways to Education Volunteer Application

Thank you for your interest in Volunteering with Pathways to Education Spryfield. Please take some time to complete this application; we look forward to working with you!

Personal Information

Last Name

First Name

Preferred Pronouns

Address

City/Province

Postal Code

Phone Number

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, etc.)

Do you have any food allergies or restrictions? E.g. Halal, vegan, shellfish, nut allergy.

A Program of:



531 Herring Cove Road, Halifax, NS B3R 1X3

PHONE: (902) 477-0964

FAX: (902) 477-8984

EMAIL: camila@chebuctoconnections.ca

Emergency Contact

Who should be contacted in the case of an emergency?

Name: _____ Relationship: _____

Phone number: _____

How did you hear about us?

How did you hear about us? (A friend, colleague, volunteer fair, 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 do you have working in an educational or community development setting?

A Program of:



531 Herring Cove Road, Halifax, NS B3R 1X3

PHONE: (902) 477-0964

FAX: (902) 477-8984

EMAIL: camila@chebuctoconnections.ca

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.

Which school subjects do you feel comfortable tutoring? Math, science, physics, French, other?

Availability

Volunteer Position Sought (check all that apply):

- ☐ After School Program Tutor/Mentor (4:00 - 7:00 PM)
- ☐ Healthy Snack Preparation (3:00 - 4:00 PM)

Are you interested in volunteering for special events throughout the year? Example: Fundraisers, Workshops, Graduation, Field Trips, and Excursions.

- ☐ Yes
- ☐ No

Volunteering Schedule

We would like to accommodate your preferences as best we can. Please fill in the box with the preferred time(s)/day(s) that you would like to volunteer.

	Monday	Tuesday	Wednesday	Thursday
Times (E.g. 4:00-5:30 PM)				

A Program of:



531 Herring Cove Road, Halifax, NS B3R 1X3

PHONE: (902) 477-0964

FAX: (902) 477-8984

EMAIL: camila@chebuctoconnections.ca

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 provide valid Record Check(s) (i.e. Criminal, Child Abuse Registry, and/or Vulnerable Sector) should they be required for the role that I accept.
- 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
A Program of:

531 Herring Cove Road, Halifax, NS B3R 1X3
PHONE: (902) 477-0964
FAX: (902) 477-8984
EMAIL: camila@chebuctoconnections.ca