

## Volunteer Application

**Thank you for your interest in Volunteering with Spryfield Pathways to Education Program.**

### Personal Information

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Preferred Pronouns

\_\_\_\_\_

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, etc.)

\_\_\_\_\_

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

\_\_\_\_\_

*A Program of:*

**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, in an educational setting, or in a community development setting.

*A Program of:*

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?

**Volunteering Schedule**

We would like to accommodate your preferences as best we can. Please check all days and times you are available. If you have a preference note that in the section provided.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
4-6					
6-8					
Schedule Notes					

**Conflict of Interest / Prior Relationships Disclosure**

If you are aware that you know one or more current students participating in the Pathways to Education program, please list them below. To ensure that students' experiences or attendance at Pathways is not impacted by the presence of a volunteer they have a previous or existing relationship with, we may speak with this/these student(s) as part of your application.

Student name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student name: \_\_\_\_\_ Relationship: \_\_\_\_\_

A Program of:



531 Herring Cove Road, Halifax, NS B3R 1X3

PHONE: (902) 477-0964

FAX: (902) 477-8984

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

**References (No relatives or friends)**

Please list two professional references who know you well and can attest to your character, skills, and dependability. These can include a current or past employer, professor or teacher, sports coach, or a case worker. 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 Chebucto Connections maintains the right to reject this application to volunteer at any point in the application process.
- 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 three months.
- I understand that this is an application for volunteering and not a commitment or promise of employment.
- I authorize Chebucto Connections 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 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:*

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