**2024-2025 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 and return it at your convenience via email or in person.**

**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.

**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.

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?

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| --- | --- | --- | --- | --- | --- |
| **Volunteering Schedule**  We would like to accommodate your preferences as best we can. Please check boxes with the preferred time(s)/day(s) that you would like to volunteer. | | | | | |
|  |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
|  | 4:00 – 5:00 PM |  |  |  |  |
|  | 5:00 – 6:00 PM |  |  |  |  |

**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:

**Conflict of Interest Disclosure**

Do you know (have a prior relationship with) any students currently in the Pathways to Education program at this location?

No Yes

If you answered yes, please indicate the student’s name and your relationship to the student:

**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**