



Youth Ally Volunteer Application

Submit Completed Applications to:

YAC Facilitator
Township of Wilmot
60 Snyder's Road, West
Baden, ON
N3A 1A1

519-634-9225
wilmotyouthactioncouncil@gmail.com

www.wilmot.ca/youth

Applications can be submitted via email to the above email address.

Please ensure that this application is completed neatly and accurately.
All applicants must 20 years of age or older to be a Youth Ally Volunteer with the YAC Program.

Personal Information

Name:

Address:

City:

Postal Code:

Phone:

Cell Phone:

E-mail:

Present Occupation

Emergency Contact

Name:

Phone:

Relationship to Applicant:

Why do you want to be a Youth Ally of the Wilmot's Youth Action Council?

Please describe any skills, hobbies and interests that you have:

Please describe any work or volunteer experiences that would be relevant to this position:

Volunteer Reference Release

In the interest of client safety and to facilitate appropriate volunteer placements all volunteers are required to submit a minimum of two references, indicating personal or professional.

I _____ authorize the Township of Wilmot to contact the following people to furnish any relevant information they may have concerning my suitability as a volunteer.

Name & Title of Contact Person _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax Number: _____

Name & Title of Contact Person _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax Number: _____

Signature: _____ Date: _____

Based on the volunteer position and duties, would you like to identify any health conditions or allergies, i.e. bee stings that could assist staff in responding to a personal health emergency or to protect your safety or the safety of others?

Photo Release

I hereby give my permission to the Township of Wilmot for the use of my picture, taken by a photographer in any promotional material including, advertising, brochures, publications, video productions and other uses.

I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium.

I understand that these materials will be used by the Township of Wilmot or its agents.

Initials: _____

By Submitting this Application I understand that:

- I am signing up to attend Bi-weekly Jr. YAC and/or Weekly YAC meetings to the best of my ability.
- To be a role model and Mentor to the Youth in Wilmot Township.
- That I am a safe person for the youth in the program, and may have conversations with them that are personal in nature.
- I will provide a Valid Police Records Check and Vulnerable Sectors Check to the YAC Facilitator for their reference.
- That the two reference submitted will be contacted for character references by the YAC Facilitator or the Supervisor of Recreation Programming.

Yes

No

Initials: _____

Signature

I, the undersigned, certify that all information contained within this application is truthful and accurate.

Name:

Date:

Signature

All information in this application will be kept strictly **confidential**.