



VOLUNTEER INTAKE FORM

PERSONAL INFORMATION

Name: _____

Address: _____

Phone Nos. - (Home) _____ (Work/Cell) _____

Email: _____

EDUCATIONAL QUALIFICATION

(Please indicate highest completed qualification only and indicate specialization if any)

- | | |
|---|--|
| <input type="checkbox"/> Currently in School | <input type="checkbox"/> Community College |
| <input type="checkbox"/> Planning on Going Back to School | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Completed High School | <input type="checkbox"/> Master's Degree |

Specialization/Area of Focus of Study: _____

Other qualifications: _____

SKILLS & EXPERIENCE

What skills would you like to share with FYI in your volunteer placement?

What type of community initiatives have you participated in before?



Complete the following if you have professional work experience:

Position Held	From - To	Organisation

AREA OF INTEREST IN VOLUNTEERING

(Please select from one service area only)

YOUTH SETTLEMENT SERVICES	YOUTH SERVICES	COMMUNITY ENGAGEMENT	ADMINISTRATION
<input type="checkbox"/> Settlement Information & Referral	<input type="checkbox"/> Recreation	<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Reception
<input type="checkbox"/> Settlement Mentorship	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Events	<input type="checkbox"/> Accounting
<input type="checkbox"/> Youth Settlement Programming	<input type="checkbox"/> Female Specific	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> HR
<input type="checkbox"/> Language & Computer Training	<input type="checkbox"/> Culture & Media Arts	<input type="checkbox"/> Parental Advisory Committee	<input type="checkbox"/> FYI Board
<input type="checkbox"/> Youth Settlement Outreach	<input type="checkbox"/> Youth Services Outreach	<input type="checkbox"/> Communication	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Youth Services Mentorship	<input type="checkbox"/> Other	

AVAILABILITY FOR VOLUNTEERING

DAY	NO. OF HOURS	FROM	TO
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
TOTAL HOURS			

For Office Use Only - Program Manager/Volunteer Coordinator's Comments