



COMMUNITY SERVICE ORDER 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)

<input type="checkbox"/> Youth Settlement Services	<input type="checkbox"/> Youth Services	<input type="checkbox"/> Community Engagement	<input type="checkbox"/> Administration
This program stream provides support to youth who are newcomers to Canada. The program helps youth with information and resources that help in their settlement process	This program stream focuses on developing leadership, civic engagement and increase access to educational, recreational, economical and cultural opportunities for youth.	This program stream engages and works with the community; donors & funders and other service providers. It is also responsible for promoting and outreaching the FYI brand.	This stream supports the overall effective functioning of FYI providing financial, administrative and human resources infrastructure support and resources

AVAILABILITY FOR VOLUNTEERING

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

COMMUNITY SERVICE ORDER INFORMATION

(FYI is committed to principles of privacy and confidentiality and all information provided to FYI under this section would be held confidential)

Contact Information of Probationary Officer:

Name: _____
 Address: _____

 Phone No.: _____
 Email (if available): _____

Community Service Information:

No. of hours assigned: _____
 Expected date of completion: _____



Consent to Contact Probationary Officer:

I _____, hereby authorize For Youth Initiative to contact the probationary officer listed above for the purpose of obtaining information related to my community service order and my volunteer placement at FYI.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Probationary Officer Contacted:

Yes

No

Program Manager/Volunteer Coordinator's Comments: