



100-7900 Alderbridge Way
 Richmond, BC, Canada, V6X 2A5
 Tel: 604 271-7600
 Fax: 604 271-7626
 Email: info@rysa.bc.ca
 www.rysa.bc.ca

Volunteer Application Form (Please Type or Print Clearly)

For Office Use Only

Interview Complete

Background Check Complete

CONTACT INFORMATION

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Last Name	First Name	Other Name	
Address	City	Postal Code	
Date of Birth (yyyy-mm-dd)	Age	Grade	School
Home Phone Number		Mobile Phone	
Email Address		Length in Canada	Country of Origin
Main Language (s) Spoken	Other Language (s), please list	How did you find out about this program?	

EMERGENCY CONTACT

EMERGENCY CONTACT		
Last Name	First Name	Relationship
Emergency Contact Number		Main Language(s) Spoken

Medical Conditions

Any medical conditions that the staff and volunteers of the program should be aware off? Yes NO
 (If yes, please describe the condition in detail in the space below)

Any food allergies or specific dietary needs? Yes No

Please describe (*Examples: vegan, vegetarian, halal, does not eat pork, lactose intolerant, peanut allergy, etc*)

Statement of Purpose

What makes you interested in becoming a Volunteer?

Which types of Volunteer participation are you interested in?

General Office Administration

Yes Maybe

Basic Technology Class for Senior Tutor:

Yes Maybe

Breakfast Club Volunteer

Yes Maybe

Homework Club Tutor/Mentor: (working with children ages 7-12 from Sept to June)

Yes Maybe

Before & After School Care Volunteer

Yes Maybe

Summer Camp Volunteer: (Must commit to at least one full week)

Yes Maybe

Spring and/or Winter Camp Volunteer:

Yes Maybe

Special Event Volunteer

Yes Maybe

Planning & Leading Community Projects:

Yes Maybe

Class/Workshop Facilitator (i.e. ELL Teacher, Language Teacher etc)

Yes Maybe

Others (please list): _____

Anything else that you would like us to know about you? (I.e. former volunteer experience and/or any special talents)

Self Disclosure of Criminal Background

Please check the appropriate boxes and sign below:

Have you been convicted of a crime, which includes felony, gross misdemeanor or misdemeanor, with the sole exceptions of speeding and parking violations? All alcohol- and/or drug-related violations must be reported. "Conviction," as used in this provision, includes a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty

Yes No

Have you ever been investigated for child or dependent abuse or neglect?

Yes No

Required Additional Information: If your answer is **YES** to either or both items 1 and 2, you are required to fully explain the situation (include date of incident(s), nature of crime, city and state of occurrence, and sentence or rehabilitation requirement) on a separate sheet of paper and attach it to this form. Your admission will not be considered if you do not provide the additional sheet containing an explanation.

Waiver of Liability and Photo Consent

I understand and acknowledge that each participant must assume the risk and any related financial responsibility that could result from participation in any of the activities provided by the Richmond Youth Service Agency (RYSA). I agree to assume such risks and responsibilities.

I understand that RYSA is not responsible for providing or administering medication to any participants. I agree to make arrangements for my child or myself to have all necessary medications that they need and the means to take them when required.

In case of sickness or accident, RYSA has my approval to secure such medical attention as deemed necessary, if I am unable to be contacted. I further understand that neither RYSA nor any of its paid or volunteer workers can be held responsible in the event of accident or accidental death.

For the purposes of developing promotional materials, website images or reports to funder, Richmond Youth Service Agency may take pictures of volunteers and program participants. Richmond Youth Service Agency respects the rights and privacy of volunteers and participants and will delete any photos of the volunteer or participant upon request. By signing this section, I give the permission for Richmond Youth Service Agency to take pictures of myself for promotional materials, website images, or reports developed by the agency.

Signature OR Parent/Guardian Signature (if under the age of 18)

Date

Parental/Guardian Consent section (Necessary if the applicant is under the age of 18)

I, _____, hereby authorize, _____, to participate in program activities of Richmond Youth Service Agency (RYSA). By signing this form I am stating that I am their legal guardian/parent and I understand that participation in RYSA activities might involve travelling with RYSA staff and come in close contact with public. I authorize to consent to their participation and I have provided accurate information and disclosed all relevant medical details, and any other information that may impact participation and supervision that is required of my child.

By signing this form I agree I have full read the forms, requirements and **HEREBY RELEASE AND FOREVER DISCHARGE** both Richmond Youth Service Agency, its employees, directors or agents, of and from all manner of actions, causes of actions, claims and demands of whatsoever nature which my child/ward may have in respect of any injury, loss or expense he/she may sustain arising out of or in any way connect with his/her participation in this program.

Name of the Parent/Guardian

Signature

Date