

Kerr Street KSAP & Youth Volunteer Application Form

Please complete this form, and hand it in with your Police Check containing the Vulnerable Sector Screening (within 90 days of the issue date).

		Date:	
Personal Information:			
Name:			
Address:			
Home Phone:	Cell Phone:		
Email Address:			
Date of Birth (dd/mm/yy):	Gender:		
Emergency Contact:	Relationship:	Phone:	
How did you learn about our volung			
Name:	Relationsh	ip:	
Phone:	Email:		
Name:	Relationsh	ip:	
Phone:	Email:		
Name:	Relationsh	ip:	
Phone:	Email:		

^{*} We recommend that you please include reference letters if you wish to expedite the application process.



Please visit www.kerrstreet.com to see the current roles available.

The following section describes our volunteer areas. Please check the area(s) that interest you: (you must be 19+ to volunteer in our Youth Programs, and 14+ in our Children's Programs)

	KSAP (Kerr Street After School Program) General Help (Mon – Fri, 4pm – 6pm)
	KSAP Snack Prep & Serving (Mon – Fri, 1:30pm – 4pm)
	KSAP Reading Buddy (Mon, Thurs, Fri) 3:30pm – 5:30pm
	Club 31: Tutoring Jr. High & Sr. High (Mon – Fri, 3pm – 4pm)
	Youth Program General Help (Mon – Fri, 3pm – 6pm)
	Youth Program Sports Help (Mon – Fri, 5pm – 6pm)
	Other, please indicate as discussed:
TI	ere is a minimum commitment of one day a week for 3 months for all of these volunteer roles
Police:	Screening – As part of our insurance requirement, we ask that all volunteers over the age of 16
	e a police check containing the vulnerable sector screening.
provid	
provide	e a police check containing the vulnerable sector screening.
provide	e a police check containing the vulnerable sector screening. ou ever been convicted of an offence for which you have not been pardoned? Yes No
Provide Have y If yes, p	e a police check containing the vulnerable sector screening. Ou ever been convicted of an offence for which you have not been pardoned? Yes No please give details:

A parent/guardian must sign this form on behalf of any applicant who is <u>under 18 years of age</u> indicating authorization of their child volunteering with KSM. A typed-in name will indicate a signature when emailed.

Please Deliver, Email, or mail to:

volunteer@kerrstreet.com 485 Kerr Street, Oakville, ON L6K 3C6 905-845-7485