



YOUR HEALTHY CHOICE AMBASSADOR

VOLUNTEER APPLICATION FORM

(NOTE: A minimum 6 month commitment is required of all volunteers)

1. Personal Information:

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Are you 21 years old or older? Yes No

2. Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Work: _____

3. Employment History

Current Employment Status:

Full-Time Part-Time Self Employed Student Retired Unemployed

EMPLOYER	JOB TITLE	START DATE	END DATE (if applicable)

4. Volunteer Experience

ORGANIZATION	TITLE	START DATE	END DATE	REASON FOR LEAVING (if applicable)

MJKO

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www.mjko.ca



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5. Please Indicate Your Availability (i.e. 1:30pm to 3:30pm on Saturdays, etc.)

- a) How long of a commitment are you prepared to make? 6 months, 9 months, 1 year, on-going
- b) How often would you like to volunteer? 1 shift biweekly, 1 shift/week, 2-3 shifts/week, special events
- c) Are you receiving academic credit for your volunteer work? No, Yes – hours required _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

6. Please indicate the skills and experience you would bring to your volunteer role:

- Organizational skills
- Experience with children
- Teaching skills
- Blogging
- Public speaking
- Coaching/mentoring
- Other (please specify): _____
- Languages spoken: _____
- Microsoft Word
- Microsoft Excel
- Web site design and maintenance
- Photography
- Video production

7. What are your reasons for volunteering? (Check all that apply)

- Academic credit
- Learn new skills
- Social interaction
- Gain employment skills
- Other (please specify): _____
- Share my skills
- Stay active
- I'm passionate about the cause
- General self-fulfilment

8. Do you have any criminal convictions prohibiting you from working with youths? Yes No

Note: part of the screening process for all MJKO volunteers is a background check and clearance letter provided by the Toronto Police Service. There is a fee for this check, which the volunteer pays directly to Toronto Police Services.

9. Please list two references, past or present employers, teachers, volunteer supervisors, etc. We cannot accept family members or friends as references.

NAME	RELATIONSHIP	CONTACT INFORMATION



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I hereby authorize Mentoring Juniors Kids Organization (MJKO) to contact the references listed in this application, in order to establish my suitability as a volunteer. I hereby release MJKO and its affiliates from all liability for any damage for issuing the same. I further authorize MJKO to maintain this information in its records, and absolve them from liability.

It is the policy of MJKO to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for MJKO, and commit to maintaining that confidentiality, except where required by law.

I agree that from time to time I may be photographed performing my volunteer duties for promotional and marketing material for MJKO.

Name of Applicant _____
(Print name clearly)

Signature of Applicant _____

Date _____