



YOUR HEALTHY CHOICE AMBASSADOR

Volunteer Application

1. Person Information: (please print)

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

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	End	Reason for leaving

4. Volunteer Experience

Employer	Job Title	Start	End	Reason for leaving

MJCO

11-18 Kenrae Ave. Toronto, ON M4G 1Y1

www.mjco.ca 416-886-7390



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5. Please Indicate Your Availability (example 12:30 to 3:30 pm)

- 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
- public speaking Microsoft Word Microsoft Excel
- blogging board experience web site
- other languages spoken: _____

7. What are your reasons for volunteering?

- for academic credit to learn new skills for social interaction
- to gain employment skills to share my skills to stay active
- to support the cause other: _____

8. Do you have any criminal convictions prohibiting you from working with youths? Note: part of the screening process for all MJKO volunteers is to willing submit to a background check provided by the Toronto Police Services, and to provide MJKO with a Clearance Letter.” Yes No

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

Name	Relationship	Contact



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10. Do you require any accommodations?

11. Do you have any health issues we should be aware of?

I hereby authorize Mentoring Juniors Kids Organization to contact the above named reference to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize the human resources department to maintain this information in their records and absolve them from liability.

Disclaimer: It is the policy of Mentoring Juniors Kids Organization 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 Mentoring Juniors Kids Organization.

I agree that from time to time I may be photographed performing my volunteer duties for promotional and marketing material for Mentoring Juniors Kids Organization.

Signature of Applicant _____

Date _____