Recreation Youth Centre & telMAX Indoor Skate Park

Volunteer Application Form

Become a Volunteer at the Recreation Youth Centre!

- Build your experience and opportunities for future employment
- Make a difference by giving to your community
- Help make a fun and inclusive recreation experience for all

| | Volunt | eer Ir | nformation | | |
|--|-----------|--------|--------------------------------|-----|----|
| Name: | | | | | |
| Address: | | | | | |
| Town: | | | | | |
| Postal Code: | | | | | |
| Email: | | | | | |
| Home/Cell Phone: | | | | | |
| Emergency Contact Name: | | | | | |
| Emergency Contact #: | | | | | |
| | Qualifica | tions | & Experience | | |
| Are you 13 years or older? | | | | Yes | No |
| Do you have a First Aid & CPR Certificate? Yes | | | Yes | No | |
| Do you have your vulnerable sector police screening? Yes | | | No | | |
| | Completed | Leade | ership Programs | | |
| Leader in Training - Town of Newmarket Leader in Training | | | Leader in Training - Other | | |
| Counsellor in Training - Town of Newmarket | | | Counsellor in Training - Other | | |
| Inclusion Counsellor in Training | | | Babysitting Course | | |
| Other: | | | | | |
| Completed Education | | | | | |
| Highest level/grade completed: School: | | | | | |
| Additional Information | | | | | |
| Please describe any experience you have which would assist you in the RYC Volunteer role. (Includes volunteer, employment, school or community opportunities, etc) | | | | | |
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| When are | you avai | lable to | volunteer? |
|----------|----------|----------|------------|
| | , | | |

(i.e. Tuesday evenings, 5 hours a week, Winter Break Camp, Weekends, etc.)

Note: We expect a minimum of four consecutive days/weeks (i.e. RYC Volunteers must attend 4/5 days of a camp session or 4/8 weeks of the RYC Program.)

Additional Information

Why do you want to volunteer at the Recreation Youth Centre?

| Areas of Interest | | | |
|---|--|----------------|--|
| Please select any areas below that you are interested in and/or have exeprience with: | | | |
| Arts: | | Hockey: | |
| Soccer: | | Skateboarding: | |
| Dodgeball: | | Scootering: | |
| Basketball: | | Other: | |

Additional Information

Please specify any areas you're interested in developing through the Volunteer Program:

| Special Needs | | | | |
|--|-----|----|--|--|
| Are you interested in working with individuals with Special Needs? | Yes | No | | |



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| References (please provide 3) | | | | |
|--|--|--|--|--|
| Name: | | | | |
| Phone Number: | | | | |
| Email: | | | | |
| Name: | | | | |
| Phone Number: | | | | |
| Email: | | | | |
| Name: | | | | |
| Phone Number: | | | | |
| Email: | | | | |
| Please Sign Form Below | | | | |
| Signature of Applicant: | | | | |
| Date: | | | | |
| Signature of Parent (if applicant is under the age of 18 years): | | | | |

Recreation & Culture

Town Of Newmarket, Recreation Youth Centre 56 Charles Street Newmarket, ON L3Y 3V8 Phone: 905-953-5300 ext. 2828

www.newmarket.ca Fax: 905-836-5125