

# DSYTC Volunteer Application



## Your Contact Information Date:

Title:	First Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Home Phone:		
Work Phone:		
E-Mail Address:		
Emergency Contact Name:		Emergency Contact Number:
Have you volunteered with DSYTC before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when:
How did you hear about DSYTC?		

## Your Availability

I can commit to:

Event Only    Occasional    Once a week    More than Once a week    # of hours/week \_\_\_\_\_

I can start on: \_\_\_\_\_ and am available until \_\_\_\_\_

Do you have a preference of volunteering at  Carp Campus (female youth)    Carleton Place Campus (male youth)    Either  Both

Shift Times (Can be flexible depending on position)	1 <sup>st</sup> Day of the Week I am Available	2 <sup>nd</sup> Day of the Week I am Available
<b>9:00 am- 12 pm Weekdays (Academic support)</b>		
<b>3 pm- 5 pm Weekdays (Prosocial activity leaders)</b>		
<b>3:30pm -5:30pm Weekends (Prosocial activity leaders)</b>		

➤ I'm applying to this specific volunteer position: \_\_\_\_\_

	Description of Volunteer Tasks
<b>Academic Support</b>	<ul style="list-style-type: none"> <li>Provide personal attention to help keep DSYTC clients focused, engaged and motivated</li> <li>Support clients as they work towards completion of Ontario High School credits</li> <li>Teach and adapt to the client's learning curve</li> <li>Communicate and Coordinate with the campus teacher</li> </ul>

**Prosocial Activity Leader**

- To share knowledge and experience in activities which can enhance the lives of DSYTC clients and enrich the treatment experience such as arts and crafts, music, dance, drama

**Your Interests**

I am interested in volunteering for the DSYTC because:

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I could share the following talents, qualifications or skills to DSYTC youth:

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My other interests/hobbies:

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**Please Let Us Know:**

Do you have any medical conditions that DSYTC should know about? (i.e. Allergies, medications, physical ailments etc.):

Are you related to a Staff Member, Client, or other Volunteer at the DSYTC? If yes, please list their name(s) below:

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My other interests/hobbies:

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**Agreement and Signature**

**By submitting this application, I understand that:**

Volunteer placement is made on the basis of the program requirements, the skills and experience of the applicant and, when appropriate, successful reference checks. Dave Smith Youth Treatment Centre may need to collect personal information appropriate to the position(s) applied for concerning my background and employment/volunteering history, and to conduct reference checks.

By signing your name below, you acknowledge that the information provided is true and accurate and that you have read and understand the points above.

Name (printed)	
Signature	
Date	

**THANK YOU FOR COMPLETING THIS FORM**

Please submit completed application and, if you wish, a copy of your resume to:

<b>EMAIL</b> <a href="mailto:volunteer@davesmithcentre.org">volunteer@davesmithcentre.org</a> <b>PHONE</b> 613-594-8333 ext. 1204	<b>MAIL</b> <b>Dave Smith Youth Treatment Centre</b> <b>786 Bronson Avenue</b> <b>Ottawa, ON</b> <b>K1S 4G4</b>	<b>FAX</b>  (613) 594-5623 Attn: Volunteer Program
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