



Volunteer Application

Office Use Only

Date received: _____

Interview Date: _____

Approved: _____

Name:

Address:

Phone:

Phone
(alternate):

E-mail:

Can we leave a message?
Y / N

Are you 26 or over? Y / N

I am interested in volunteering in the following area(s):

Requires a monthly Commitment (Minimum 6 months)

Occasional Commitment

- Facilitating Connect the Dots
- Supervising Movie Night & Craft Night
- Supervising Drop-In
- Facilitating Transformers
- Facilitating Talk It Out
- Maintaining the Library
- Board of Directors
- Youth Board

- Workshops
- Special event supervision
- Repair Work
- Administrative Work
- Cleaning
- Other _____

How did you learn about the Youth Project?

Why do you want to become a Youth Project volunteer?

What skills or experiences will you bring to the Youth Project?

What do you hope to learn or take from your experience with the Youth Project?

What makes you a good volunteer?

What experiences, if any, have you had with volunteering?

What experiences, if any, have you had working with youth?

What experiences, if any, have you had working in the lesbian, gay, bisexual and transgender communities?

What times are you available for volunteering? Please note that

Is there anything else about you that you would like us to know?

Thank you for taking the time to fill out this application. The Youth Project recognizes the valuable contribution that volunteers make to this organization. We thank you for your dedication and commitment to lesbian, gay, bisexual and transgender youth in Nova Scotia.

**You can return your completed form to:
The Youth Project
2281 Brunswick St.
Halifax, Nova Scotia
B3K 2Y9**

**Scan and email nsyouthprojectvolunteers@gmail.com
Or fax it to (902) 423-7735**