



Volunteer Application

Personal information on this form is collected under the authority of the Daryk Inc. and will be used to select volunteers for the Markham Location.

Questions about the collection of this personal information should be directed to the Freedom of Information Co-ordinator, 107-7181 Yonge S. Markham. ON L3T 0C7

Phone number: (905)597-3171

Note: Only those persons who are 14 or older are eligible to be volunteers with the Daryk Inc regulation.

Last Name: _____

First Name: _____

Date of Birth: _____

Address: _____

Postal Code: _____

Phone: _____

Email Address: _____

Occupation (please indicate if you are a student*):

*Students who require volunteer hours as part of the Community Service Program, please indicate:

Grade: _____ Number of hours required _____ and by what date: _____

Volunteer Experience:

Employment Experience:

Interests, Languages Spoken, Special Skills:

Available for Volunteer Work:

| Available for Volunteer Work | MON | TUES | WED | THURS | FRI | SAT |
|------------------------------|-----|------|-----|-------|-----|--------|
| Morning | | | | | | |
| Afternoon | | | | | | |
| Evening | | | | | | CLOSED |



This application will be kept on file for three months.

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes _____ No _____

Have you ever had allergies or medical issues which is life threatening.

Yes _____ No _____

Emergency contact information:

Last Name: _____

First Name: _____

Relation: _____

Phone number: _____

Parent name

I _____ acknowledge that my daughter/son informs Daryk Inc. the correct information about her/himself.
Parent name

I _____ acknowledge that I inform Daryk Inc. the right information about myself and agree to work as a volunteer for my volunteering hours.
Volunteer

Signature of Applicant

Date

Parent's Signature

Date

Management's Signature

Date