



Volunteer Application

Student Form

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 18 or older are eligible to be volunteers with the Daryk Inc. regulation as an adult.

Last Name: _____ First Name: _____
 Date of Birth: _____ Phone: _____
 Address: _____
 Postal Code: _____ Email: _____
 Occupation: _____

Experience:

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: _____

Availability:

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



Criminal Check:

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 #: _____

I _____ acknowledge that my daughter/son informs Daryk Inc. the
Parent/Custodian name

correct information about her/himself.

I _____ acknowledge that I inform Daryk Inc. the right information
Volunteer

about myself and agree to work as a volunteer for my volunteering hours.

Signature of Applicant

Date

Parent's Signature

Date

Management's Signature

Date