



Volunteer Application Form

Thank you for your interest in volunteering with BGC Cornwall/SDG! Our mission is to provide a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships, and develop confidence and skills for life.

Children and youth benefit immensely from developing relationships with adults who are interested in the well-being and in sharing their time with them. Children and youth also need to see adults they respect making meaningful contributions to their community.

Intent:

How did you hear about BGC? _____

What do you hope to gain from your Volunteer Experience with BGC?

Contact information:

First name: _____ Last name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Age: _____

Preferred Gender Pronoun: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Alternate number: _____

Qualifications and Experience:

Education: High School College Diploma University Degree Area of study: _____

Valid Driver's licence: Yes No Class: _____

Valid First Aid: Yes No Level: _____ First Aid expiry date: _____

Other certificates(Food Safe, lifeguard, etc...): _____

Languages: English French Other: _____

Special skills you wish to share with us: _____

Pertinent work or volunteer experience: _____

Current employer: _____ Position: _____

Availability:

How would you like to volunteer? (Select all that apply)

- Special Events (Smile Cookie Campaign, Golf Tournament, Cornwall Triathlon)
- Virtual or In-person presentation of a specific topic (between the hours of 2:30-5:00)
- Virtual Mentorship in the Raise the Grade Program (between the hours of 2:30-5:00)
- In person program volunteer in the After School Program
- Summer Camp
- Board of Directors

Would you be available for a virtual interview between the hours of 9-4 Monday through Friday? **Yes** **No**

*As per our policy, all volunteers over the age of 18 will be required to be double vaccinated (14 days after 2nd dose) to enter facilities where our Programs are. Do you meet this requirement? **Yes** **No**

I declare that the information contained in this application, and any other information I provide to BGC Cornwall/SDG in any application form, in any resume or during any interview for volunteering is accurate and contains no untruths or misrepresentations.

I understand and agree that if I provide false information to BGC Cornwall/SDG on any application, resume or during any volunteering interview, then it will be grounds for my immediate dismissal for cause. I authorize BGC to contact any references to provide information and opinions about me to BGC Cornwall/SDG.

Applicant's signature: _____

Date: _____

Please contact the Volunteer Coordinator with questions or for more information: Kaitlyn@bgccornwallsdg.com