



# YOUTH VOLUNTEER APPLICATION FORM

(for youth up to 18 years old)

Thank you for your interest in volunteering at Killarney Community Centre.

Volunteers are an essential component of the quality of programming that we are able to offer the community through the recreation activities that we provide.

This volunteer program is aimed at providing opportunities for youth ages 13-18 to develop skills such as leadership, initiative, and responsibility, as well as to give back to the community. Youth will be given a mandatory orientation by the Community Youth Worker or Youth Staff prior to placement which are set to cover site and program-specific safety protocols, COVID-19 safety plans, and volunteer expectations.

**Youth volunteers over the age of 16 years old must complete a police record check and return it, unopened, to the Community Youth Worker for review prior to their start of volunteering.**

Police record check application packages are available by request from the community youth worker. Complete BOTH SIDES of this application and return it to the Front Desk at Killarney Community Centre.

In order to volunteer, you must attend a seasonal volunteer orientation. Due to the high number of volunteer applicants this year, if you are unable to attend one of the orientation dates provided below, we will not be able to place you for volunteering this season (summer day camps & playgrounds).

**Please choose 1 of the following orientation dates for volunteering in July/August 2021:**

**Friday June 18th, 2021: 4:30pm-6:00pm via WebEX**

**Friday June 25th, 2021: 4:30pm-6:00pm via WebEX**

If you have any further questions regarding volunteer opportunities, please call Killarney's Youth Office or email Community Youth Worker, Riya Talwar, at : [riya.talwar@vancouver.ca](mailto:riya.talwar@vancouver.ca)

## Personal Information

First Name:	Last Name:
Address:	
City:	Postal Code:
Phone (Home):	Email:
Birthdate (month/day/year):	Gender:

## Educational Background

Secondary School:	Graduation Year:
Other (please specify):	

<b>FOR OFFICE USE:</b> Season: _____	Date Interviewed: _____
Year Turning Age 19: _____	Date Completed Orientation: _____

## Previous Work/Volunteer Experience and/or Special Skills

Please outline your previous work/volunteer experience and/or special skills that you may have:

## Emergency Contact & Medical Information

Allergies/Medical concerns:

Emergency Contact #1:

Phone Number:

Relationship:

Emergency Contact #2:

Phone Number:

Relationship:

## Acknowledgement of Risk, Waiver, Release & Indemnity

### PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while he or she participates in the volunteer program described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES  NO

The participant and parent or guardian acknowledges that there exists an element of personal risk of damage or serious injury in the activities and willingly agrees to assume responsibility for those risks as a condition of participating in the volunteer program. In addition, you hereby represent that you have no physical restrictions which would prohibit your participation in the volunteer program at Killarney Community Centre.

I, the undersigned participant, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the City of Vancouver, Board of Parks and Recreation and Killarney Community Centre Association or any of their agents, representatives, employees or assigns for my health, safety, or any injury and/or disability arising out or resulting from participating in the volunteer program.

\_\_\_\_\_  
Signature of Participant:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Date:

*Killarney Community Centre is jointly operated by the Killarney Community Centre Society and Vancouver Parks Board.*