

Allied



Youth

Post Advisor Application Form

Full Name: _____

Address: _____ City: _____

Postal Code: _____ Driver's license: _____

A.Y. Post & Charter #: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Preferred method of contact and when: _____

I am applying for the position of: _____

Have you ever been denied application to any other youth serving organization? Yes No

If yes, please explain:

In case of emergency, please list an emergency contact who will be available to be reached:

Name: _____ Phone Number: _____

Video/Photo Release

I, _____ understand that photos, videos and images of myself will be taken during the year while participating (or during travel to and from) Allied Youth Events and may be used on the organization's website or in other forms of promotional materials for the program. I give permission for Allied Youth Newfoundland and Labrador to use my image on their website or for promotional use.

Signature: _____ Date: _____

By Youth for Youth

www.alliedyouth.ca

Allied Youth Provincial Office ♦ P.O. Box 21145 ♦ St. John's, NL A1A 5B2

♦ Email: contact@alliedyouth.ca



Previous Volunteer Experience and AY Experience

1. Previous volunteer experience (please list organization(s), dates, and responsibilities).

2. What skills, training, or education do you have?

3. Have you ever been an AY PA? If so, which Post and when? For how long?

4. Have you ever been an AY member? If so, which Post and when? For how long?

5. What do you hope to gain from this experience?

Commitment

I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for no appointment or suspension as an AY volunteer. For so long as I maintain my application and volunteer services with the AY Board, I will advise the AY Board if any information contained in this application, including any convictions of any offense, changes. I understand that the AY Board will keep all the information contained in this form, as well as accompanying documents, in the strictest confidence. As an AY volunteer I agree to act in a respectful, ethical and honest manner, without prejudice when working with AY members, leaders and other community members in the name of AY.

Signature: _____

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References

List three adults (18 years and older) who have known you for more than two years. These individuals could include a current employer or supervisor; a co-worker; a family physician; AY volunteers; church clergy; etc. Only one person may be a family member or related to you.

Please note: Contact with the individuals listed will be done by the AY Screening Committee by phone or email. Please indicate the preferred method of communication for each reference

Reference 1

Name: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Preferred method of contact: _____

Reference 2

Name: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Preferred method of contact: _____

Reference 3

Name: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Preferred method of contact: _____

Please Enclose with this Application

Criminal Record Check Registration Fee

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