



## Youth Diversion - Volunteer Application

First Name:

Last Name:

Contact Number:

Contact Email:

Date of Birth (DD/MM/YYYY):

Area(s) of Interest:

- |  |   |
|--|---|
| <input type="checkbox"/> Programming with Children (Ages 7-11) | <input type="checkbox"/> Guest Speaking                       |
| <input type="checkbox"/> Programming with Youth (12-17)        | <input type="checkbox"/> Design (Powerpoint and Social Media) |
| <input type="checkbox"/> Programming with Young Adults (18+)   | <input type="checkbox"/> Research/Admin                       |
| <input type="checkbox"/> Youth Justice Committee               | <input type="checkbox"/> Other: _____                         |

Why are you Interested in Volunteering with Youth Diversion:

Do you have a Criminal Record to Disclose: ☐ Yes ☐ No

### References (Up to 3):

Name of Reference	Relationship to You	Contact Information

How did you hear about us?

- |  |  |
|--|--|
| <input type="checkbox"/> Word of Mouth   | <input type="checkbox"/> Presentation      |
| <input type="checkbox"/> Social Media    | <input type="checkbox"/> Internet Search   |
| <input type="checkbox"/> Physical Flyer  | <input type="checkbox"/> Community Partner |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Other: _____      |

Signature: \_\_\_\_\_

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