

UNIVERSITY/COLLEGE FACILITATOR APPLICATION FORM



Last Name Ms. Mrs. Mr.

First Name

Mailing Address

City

Province

Postal Code

Email address

Tel (Cell)

Tel (H)

UNIVERSITY/COLLEGE INFORMATION

Name of University or College

Department

Program

Year of Course (e.g. first year, second year etc)

EMERGENCY CONTACT DETAILS (In the event of sickness or similar emergency, it is most important that the following information is readily available).

Name

Relationship

Telephone Number

INSURANCE BENEFICIARY: Volunteers are covered under an insurance policy while they are working at a YWCA facility. Please provide a beneficiary below. (You may use your own name.)

YWCA VOLUNTEER DETAILS

Program

- Welcome to My Life (female applicants only, Vancouver)
- That's Just Me (female applicants only, Surrey)
- Boys 4 Real (male applicants only, Vancouver)

Timing of Program (please indicate which program you are applying for)

- Fall Spring Year 20_____

Criminal Record Check

- Completed
- Still needed

Date of Birth

Day

Month

Year

What interests you about being a Facilitator for these programs?

