

WISDOM CHAMPION MENTOR APPLICATION FORM

Last Name Ms. Mrs. Mr. Dr.

First Name

Mailing Address

City	Province	Postal Code
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Email address

Tel (Cell)	Tel (W)	Tel (H)
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EMPLOYMENT INFORMATION (if applicable)

Name of Employer

Address

City	Province	Postal Code
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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 (please indicate your preference)	<input type="checkbox"/> Welcome to My Life (female applicants only, Vancouver) <input type="checkbox"/> That's Just Me (female applicants only, Surrey) <input type="checkbox"/> Boys 4 Real (male & female applicants, Vancouver)
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Timing of Program (please indicate which program you are applying for)	<input type="checkbox"/> Fall <input type="checkbox"/> Spring Year 20____
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Criminal Record Check	<input type="checkbox"/> Completed <input type="checkbox"/> Still needed
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Date of Birth	Day	Month	Year
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