

# CABBAGETOWN YOUTH CENTRE

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 Toronto, ON M4X 1C1  
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 Fax: 416-960-0113  
[www.cabbagetownyouth.ca](http://www.cabbagetownyouth.ca)

650 Parliament Street  
 Toronto, ON M4X 1R3  
 Tel: 416-513-9802

240 Wellesley Street East  
 Toronto, ON M4X 1G5

280 Wellesley Street East  
 Toronto, ON M4X 1G7

## VOLUNTEER REGISTRATION FORM (double sided)

PROGRAMS		
Please indicate which program you wish to participate in		
<p><b>PERFORMING ARTS</b></p> <p><input type="checkbox"/> Dance Technique</p> <p><input type="checkbox"/> Hip Hop</p> <p><input type="checkbox"/> Drama</p> <p><input type="checkbox"/> Vocal</p> <p><b>SUMMER CAMP</b></p> <p><input type="checkbox"/> Jr. Playgroup</p> <p><input type="checkbox"/> Sports Camp</p> <p><input type="checkbox"/> Performing Arts Camp</p> <p><input type="checkbox"/> Evening Soccer League</p>	<p><b>AFTER SCHOOL</b></p> <p><input type="checkbox"/> 2 Lancaster Avenue</p> <p><input type="checkbox"/> 650 Parliament Street</p> <p><b>YOUTH PROGRAM 10 – 18 yrs</b></p> <p><input type="checkbox"/> Basketball Skills</p> <p><input type="checkbox"/> Basketball House League</p> <p><input type="checkbox"/> Indoor Soccer Skills</p> <p><input type="checkbox"/> Indoor Soccer League</p> <p><input type="checkbox"/> Ball Hockey House League</p>	<p><b>RECREATION</b></p> <p><input type="checkbox"/> Weight Room</p> <p><input type="checkbox"/> Wrestling</p> <p><input type="checkbox"/> Yoga</p> <p><input type="checkbox"/> Aikijujitsu</p> <p><input type="checkbox"/> Karate</p> <p><input type="checkbox"/> Kendo</p> <p><input type="checkbox"/> Tai Jutsu</p> <p><input type="checkbox"/> Boxing (Adult fee)</p> <p><input type="checkbox"/> Other_____</p>
PERSONAL DATA		
Date: _____		
Day / Month / Year		
Last Name: _____		First Name: _____
Address: _____ Apt: _____		
City: _____ Province: _____ Postal Code: _____		
Home Phone: _____		Cell Phone: _____
Work Phone: _____		Email: _____
Major intersection		
Near your home: _____		Transportation: <input type="checkbox"/> TTC <input type="checkbox"/> CAR

LANGUAGE PROFICIENCY						
Please indicate your level of proficiency in English as well as other languages.						
LANGUAGE	SPEAKING			WRITTEN		
ENGLISH	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR
_____	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR
_____	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR
_____	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR
_____	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR

**AVAILABILITY**

Please indicate the days and times you are available:

Would you be interested in attending volunteer orientation and training session?

YES  NO

**EXPERIENCE**

Please provide us with a brief summary of your experience in the social and recreation field:

Please explain how your experience as a volunteer in our programs would assist you in your career plans:

How did you hear about CYC? \_\_\_\_\_

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

**REFERENCES**

Please list two people we may contact as a business reference:

NAME

TITLE

COMPANY

PHONE#

NAME

TITLE

COMPANY

PHONE #

**FOR CYC USE ONLY**