

CABBAGETOWN YOUTH CENTRE

2 Lancaster Avenue
 Toronto, ON M4X 1C1
 Tel: 416-960-1032
 Fax: 416-960-0113
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>PERFORMING ARTS</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>SUMMER CAMP</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>AFTER SCHOOL</p> <p><input type="checkbox"/> 2 Lancaster Avenue</p> <p><input type="checkbox"/> 650 Parliament Street</p> <p>YOUTH PROGRAM 10 – 18 yrs</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>RECREATION</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

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