

Educator or College Recommendation:

We require signatures and contact information from **three** recommending educators/professors.

PLEASE PRINT CLEARLY

Name of Educator or Professor:	Relationship to student:	<p>Child Protection:</p> <p>The YMCA is fully committed to safeguarding the welfare of all children and young people in its care. It recognizes its responsibility to promote safe practices and to protect children and young people/vulnerable adults from harm, abuse and exploitation.</p> <p>This position will be working with, or have regular contact with, children, young people and vulnerable adults. In your opinion, is there any reason that</p> <p>_____</p> <p>Student name</p> <p>should not be working with or around children, young people or vulnerable adults?</p>	<p>Recommendation:</p> <p>My signature in the box below indicates I am authorizing that</p> <p>_____</p> <p>Student name</p> <p>would be a suitable candidate for your program.</p>
1.		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, please explain:</p>	<p>_____</p> <p>Signature</p> <p>Tel.: _____</p> <p>E-mail: _____</p>
2.		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, please explain:</p>	<p>_____</p> <p>Signature</p> <p>Tel.: _____</p> <p>E-mail: _____</p>
3.		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, please explain:</p>	<p>_____</p> <p>Signature</p> <p>Tel.: _____</p> <p>E-mail: _____</p>

I, _____ understand the YMCA will be collecting, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to the YMCA doing so and I also consent to the collection and use of my personal information in order to ensure the safety of YMCA participants, for statistical purposes, to inform me about YMCA programs, services and philanthropic activities. I understand that prior to commencing and during any volunteer work within the YMCA of Greater Moncton:

- The YMCA of Greater Moncton may contact the above listed references provided in this application form.
- I am required to provide the YMCA with a Vulnerable Sector Check & Criminal Record Check (18yrs and older) and or any required certifications for the role.
- I will receive a detailed Letter of Offer and Position Description.
- I am required to participate in Orientation and Training requirements specific to my placement.

Student Agreement (18 years or older):

Applicant Signature: _____ Date: _____

Parent/Guardian Consent:

The YMCA of Greater Moncton recognizes the value of students performing volunteer work in our community. It is the policy of the YMCA that students under the age of 18 has signed consent by a parent or guardian prior to beginning their placement.

I, the undersigned, give parental or guardianship consent to the above named student to provide permission to the YMCA to communicate with he/she directly and for them to perform volunteer work if successful in this role.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

P/G Name (Please print): _____

P/G Address: _____

P/G Email: _____ P/G Tel.: _____

For Office Use Only

1 Date Application Received: _____

2 Forms required attached:

- Certifications (*if applicable for position*)
- Interview

3 Title of Volunteer Position: _____

4 Start Date: _____ End Date (*if known*): _____