

Guelph Youth Singers Volunteer Reference Form

Thank you for considering volunteering your time. GYS needs many volunteers to ensure a smooth operation and a high caliber learning experience for choristers. The form below will allow us to match appropriate volunteer opportunities for your skills, meet the requirements of our insurance policy and ensure the safety of our choristers.

Personal information

Full name: _____
Last First Initial

Address: _____ Postal code: _____

Phone: _____ E-mail: _____

Occupation and Employer: _____

Hobbies/Interest/Skills: _____

First aid qualifications: _____

Any musical qualifications? Please describe: _____

List activities or volunteer service in which you are/have been involved outside of Guelph Youth Singers: _____

Do you have a child in GYS? Yes No How long has your child been attending Guelph Youth Singers? _____

What do you most value about GYS? _____

Do you have any barriers that would affect your ability to carry out the duties?

No Yes Please explain: _____

References (Required every 3 years. If you have submitted references in the last 2 years, please leave section blank.)

Please provide the names of two people, excluding relatives, who have known you for 3 or more years, who will provide a reference for you. Please note: all references will be called.

1. Name: _____ Occupation: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

2. Name: _____ Occupation: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

Volunteer Commitment: I verify that the information in this document is correct and I understand that the information is confidential and is for GYS office or emergency use only. I have read the GYS handbook, page 8 & 9, and also understand that chaperone guidelines & specific instructions will be given out to chaperones before each GYS event. I promise to give service on the basis of these guidelines & instructions, and to maintain confidentiality concerning all chorister information, adhering to the policies and procedures established by GYS. If I fail to comply with these standards, and the behaviour expectations of GYS, I understand that I will be relieved of my duties. I give permission for GYS to contact my references.

Volunteer Signature: _____ Date: _____