



Youth 2020 Can Application Form

Please send your completed application form to volvic@volunteervictoria.bc.ca or return it to your local Youth Engagement Worker. Thanks!

REQUIRED PARTICIPANT INFORMATION

Name	
What is your age range?	<input type="checkbox"/> 15 to 19 years <input type="checkbox"/> 20 to 24 years <input type="checkbox"/> 25 to 30 years <input type="checkbox"/> None of the above
Birth Month/Year (MMYYYY)	
Phone Number	
Email	
Mailing Address	
Emergency Contact – Name	
Emergency Contact – Phone Number	
Emergency Contact – Email Address	
Are you a Canadian citizen, permanent resident, or registered refugee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies or health concerns that impact volunteering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any accessibility concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPTIONAL PARTICIPANT INFORMATION

Is this your first time in Canada Service Corps project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live in a rural or remote area?	<input type="checkbox"/> Rural <input type="checkbox"/> Remote



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	<input type="checkbox"/> Rural and remote <input type="checkbox"/> Neither rural nor remote
What is the highest level of education you have completed?	<input type="checkbox"/> No certificate, diploma or degree <input type="checkbox"/> Elementary school <input type="checkbox"/> Secondary (high) school diploma or equivalency certificate <input type="checkbox"/> Apprenticeship or trades certificate or diploma <input type="checkbox"/> College, CEGEP or other non-university certificate or diploma <input type="checkbox"/> University certificate or diploma below bachelor level <input type="checkbox"/> University certificate, diploma or degree at bachelor level or above
What is your Official Language Preference?	<input type="checkbox"/> English <input type="checkbox"/> French
What is your gender identity? (check all that apply)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another gender not listed
Do you identify as LGBTQ+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as Indigenous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, from which Indigenous group(s)?	<input type="checkbox"/> First Nation <input type="checkbox"/> Métis Citizen <input type="checkbox"/> Inuit (Inuk) <input type="checkbox"/> Other (non-affiliated, etc.)
Do you identify as a member of a Visible Minority or Racialized Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, from which Visible Minority or Racialized Group?	<input type="checkbox"/> Arab <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Latin American <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> West Asian



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	<input type="checkbox"/> Visible minority (not included elsewhere) <input type="checkbox"/> Multiple visible minorities	
Do you identify as a person with disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a newcomer to Canada (a person who has left another country to settle in Canada within the last 5 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What languages do you speak?		
Do you identify as a member of an Official Language Minority Community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, from which OLMC group?	<input type="checkbox"/> French speaker living outside of Quebec, where English is predominant	<input type="checkbox"/> English speaker living in Quebec, where French is predominant
Do you live in a low income household? Defined as one earner earning less than \$25,000 per year, or two earners earning between \$25,000 and \$50,000 per year together.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Prefer not to say	