



## **Pace Your Peace Foundation**

NOT-FOR-PROFIT ORGANIZATION

TEL.: 905-226-9328 | WWW.PACEYOURPEACE.ORG

### **VOLUNTEER & PLACEMENT HOUR APPLICATION FORM**

*For High School and College/University Students in Ontario*

*Thank you for your interest in gaining volunteer or placement hours with us. Please fill out the form below to apply for community service hours as part of your high school or post-secondary program.*

#### **PERSONAL INFORMATION**

**1. Full Name:**

---

**2. Date of Birth:**

---

**3. Phone Number:**

---

**4. Email Address:**

---

**5. Home Address:**

---

#### **SCHOOL INFORMATION**

**6. Are you currently enrolled in:**

- High School
- College/University

**7. School Name:**

---

**8. Grade/Year:**

---

**9. Program (for college/university students):**

---

**10. Guidance Counselor or Placement Coordinator Name (if applicable):**

**11. Guidance Counselor or Placement Coordinator Email:**



## Pace Your Peace Foundation

NOT-FOR-PROFIT ORGANIZATION

TEL.: 905-226-9328 | WWW.PACEYOURPEACE.ORG

### PROGRAM INFORMATION

**12. Are you applying for:**

- Volunteer Hours (for High School)
- Placement Hours (for College/University)

**13. Number of Hours Needed:**

**14. Are these hours required by a specific deadline?**

- Yes, if yes, please specify the deadline: \_\_\_\_\_
- No

### AVAILABILITY

**16. How many hours per week can you commit to?**

**17. Preferred days/times for volunteering or placement work** (You can select more than one):

- Weekdays
- Weekends
- Mornings
- Afternoons
- Evenings

### EXPERIENCE & INTERESTS

**18. Have you previously volunteered or completed a placement with a community-based program?**

- Yes, if yes, briefly describe your experience: \_\_\_\_\_
- No

**19. What areas of community service are you most interested in?**

- Youth Mentorship
- Event Planning
- Administration
- Social Media & Marketing
- Fundraising
- Other (please specify): \_\_\_\_\_

**20. What skills or qualities would you bring to our program?**



## Pace Your Peace Foundation

NOT-FOR-PROFIT ORGANIZATION

TEL.: 905-226-9328 | WWW.PACEYOURPEACE.ORG

### ADDITIONAL INFORMATION

**21. Are you comfortable engaging in virtual volunteer work if needed?**

- Yes
- No

**22. Any additional information you'd like to share with us about your goals for completing these hours?**

### CONSENT & AGREEMENT

**23. Parental Consent (For High School Students Only):**

**I, the parent/guardian of the applicant, give permission for my child to participate in this volunteer/placement program and understand the time commitment required.**

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_

**24. I understand that by submitting this form, I am applying to complete volunteer or placement hours in a community service program. I agree to abide by the program guidelines and commit to the hours required.**

- I Agree
- I Disagree

SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

### **THANK YOU FOR YOUR APPLICATION!**

*We will review your submission and be in touch with the next steps. Please ensure all contact information is accurate.*