



THE DUKE OF EDINBURGH'S AWARD

Nova Scotia Division

4th Floor, 5516 Spring Garden Road

Halifax NS, B3J 1G6

Phone (902) 425-5454 ext. 329

Web: dukeofed.org/ns

APPLICATION FOR APPOINTMENT OF A VOLUNTEER LEADER

Thank you for volunteering to work with the Duke of Edinburgh's Awards, Young Canadian's Challenge. All Programs of the Duke of Edinburgh's Award, Young Canadian Challenge are designed with due consideration for the protection and safety of the youth in its care.

To help ensure the safety and protection of its participants, The Duke of Edinburgh's Award, Young Canadian's Challenge will screen adult group leaders for all positions where direct contact will be made with participants. The Duke of Edinburgh's Award, Young Canadian's Challenge expects that all prospective volunteers will adhere to the policy by completing the following:

- ✓ Volunteer Application
- ✓ Criminal Records Check
- ✓ Child Abuse Registry form (attached) references
- ✓ Six-month probationary period
- ✓ Attendance at the first available training workshop

Failure or refusal to provide this completed application form will make your application unacceptable.

The Duke of Edinburgh's Award adheres to a policy of confidentiality in all its record keeping. Please refer to section 16 of the Volunteer Screen Policy document (attached) for complete details. If you have any questions or concerns, call the local Duke of Edinburgh's Awards, Young Canadian's Challenge Office at 902-425-5454 (ext 329).

(A) Contact Information

Full Name: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Address: _____

Email Address: _____ Date of Birth: (M/D/Y) _____

(B) General Information

Please outline your educational background: _____

Interest/Hobbies (Community Involvement, Memberships, Clubs, etc.): _____

Why are you interested in becoming a Volunteer for The Duke of Edinburgh's Award?

Do you have any experience working with youth programs? YES / NO If yes, please explain.

(C) Volunteer Experience

Agency: _____ Duration: _____

Duties: _____

Agency: _____ Duration: _____

Duties: _____

(D) Employment History

Current Employer: _____ Position: _____

Address: _____ Duration: _____

Previous Employer: _____ Position: _____

Address: _____ Duration: _____

Reason for leaving: _____

(E) Personal Information

Have you ever been arrested or convicted for anything other than a traffic offense? YES / NO

If yes, please specify: _____

Do you have any formal training in the conduct of expeditions? Please explain?

(F) Adventurous Journey Experience Only Expedition supervisors and group leaders (who will be participating in expeditions) need to complete the following chart:

	No experience	limited experience	extensive experience	can instruct	certification
WATER SKILLS					
Canoeing - flat water					
Canoeing - white water					
Kayaking - white water					
Sea Kayaking					
River Rescue					
CAMPING SKILLS					
Map and Compass					
Hiking/Trekking					
Trail Cooking & Nutrition					
Equipment Care/Selection					
Camp Stove Use & Maintenance					
MISCELLANEOUS					
Winter Camping					
Skiing (X – Country)					
Expedition Planning					
Food Prep for Groups					
Equipment Repair					
Animal Life					
Plants					
Birds					
First Aid					
CPR					

(G) Group Information:

1. If your Duke of Edinburgh group is affiliated with another group (i.e.guides, cadets), please provide name of this group: _____
2. If your Duke of Edinburgh group is a non-affiliated group, please name your group. _____

(H) References: Please include 3 letters of reference. References must have known you for a minimum of two years. Please include complete name ,address and phone numbers for references.

1. Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____ (Cell) _____
Relationship: _____
2. Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____ (Cell) _____
Relationship: _____
3. Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____ (Cell) _____
Relationship: _____

(I) Please indicate how you heard about the Award Programme (circle all that apply):

Newspaper Television Radio Poster Friend Other: _____

(J) Declaration: I hereby make application to become a volunteer. I am aware of the importance of spending time with the Award participant(s) on a regular basis and furthermore, I will maintain the relationship for at least 6 months.

Understanding the nature of the volunteer work involved, I give permission for those I have named to be approached for personal references and for the information I have given to be verified. I understand this information to be confidential and that it remains the property of the Duke of Edinburgh's Award, Young Canadian's Challenge.

I fully understand that The Duke of Edinburgh's Award, following review of my application, reserves the right to accept or refuse my application.

Signature of Applicant: _____ Date: _____