



# Youth Application

## PLEASE PRINT

_____		_____		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
SURNAME		FIRST NAME			
_____			_____		_____
ADDRESS			CITY		POSTAL CODE
_____		_____		_____	
PRIMARY PHONE		OTHER PHONE		EMAIL	
_____				_____	
SCHOOL				GRADE	
_____		_____		_____	
LANGUAGE SPOKEN AT HOME		2ND LANGUAGE		EMERG. CONTACT: NAME & PHONE #	

## PROGRAM

Leaders for Readers    Storytime STOP    Other: \_\_\_\_\_

## CONSENT

By signing below, I agree to be a volunteer in The Story Garden and understand that I must be available for the duration of the program for which I am volunteering. I give permission to be photographed or videotaped in The Story Garden for the purpose of sharing our programs with others in print, on our website or through social media.

_____	_____	_____
SIGNATURE	PARENT/GUARDIAN SIGNATURE	DATE

## FOR OFFICE USE ONLY

<b>READER(S):</b>		<b>TEAM:</b>	
Fall	1. _____ 2. _____	Fall	_____
Winter	1. _____ 2. _____	Winter	_____
Spring	1. _____ 2. _____	Spring	_____

**POLICE CHECK?**   
Date \_\_\_\_\_

**TRAINING WORKSHOP?**   
Date \_\_\_\_\_

**INFO IN TSG COMPUTER?**  
Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

read with **LOVE**... read for **LIFE**

Contact [info@thestorygarden.ca](mailto:info@thestorygarden.ca) or visit [thestorygarden.ca](http://thestorygarden.ca)