



## **VAN Personal Information Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female

**Current Address:**

Number and Street \_\_\_\_\_ Apt.: \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

**Permanent Address:** (leave blank if same as above)

Number and Street \_\_\_\_\_ Apt.: \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell / Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Where did you hear about the Volunteer Action Network?

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What made you decide to volunteer with the VAN?

\_\_\_\_\_

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**Education/Occupation:**

Secondary School: \_\_\_\_\_

Post-Secondary: \_\_\_\_\_

Major: \_\_\_\_\_

Current Occupation: \_\_\_\_\_



**YOUTH CHALLENGE**  
INTERNATIONAL

Volunteer Experience / Current Volunteer Work:

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Languages spoken:

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**Areas of Interest:** check boxes

- Extreme Poverty
- Universal Primary Education
- Children's Rights
- HIV/AIDS
- Environmental Sustainability
- Youth Leadership
- Canada's Foreign Policy
- Fundraising
- Other: \_\_\_\_\_

Any other information related to your interest in volunteering:

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What skills or relevant experience could you bring to an Action Team?

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What skills are you seeking to gain or improve?

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How often will you be available to participate in VAN events and meetings?

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Are you interested in becoming a Team Leader? If so, what skills would you bring to this position?

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**THANK YOU FOR YOUR INTEREST!**

**Please submit this form to the Youth Challenge International Office:**

Youth Challenge International  
Suite 305, 20 Maud St.  
Toronto, ON, M5V 2M5

**Email:** [generalinfo@yci.org](mailto:generalinfo@yci.org)

**Fax:** 416-504-3376 **Telephone:** 416-504-3370