

Love Shouldn't Hurt Champions/Volunteers Application Form

Please indicate whether you are applying to be a Champion or a Volunteer

PERSONAL INFORMATION

Name: _____

Address: _____

What region would you target with your campaign activity? _____

**Individual member: must be 19 years or older, resident of New Brunswick who supports the objectives and principles of gender-based equality. If under 19, parental consent is needed.*

**Organizational member: must be a New Brunswick organization that supports the objectives and principles of gender-based equality*

Home phone: _____ Cell phone: _____ Work phone: _____

Please indicate your first language: _____

Do you speak (or sign) any other language(s)? Yes No Please specify: _____

INTERESTS

Do you have any previous volunteer experience? *(Please describe briefly indicating the names of any organizations involved and use an extra sheet, if necessary)*

Do you have any special education, licenses, certificates, languages, hobbies or other qualifications that you think could benefit you as a regional champion? Please specify.

Do you have any affiliations with community groups (churches, service organizations, senior centres, Aboriginal organizations, etc.)? Please specify.

Why do you want to be a champion for the Love Shouldn't Hurt campaign?

Do you have any previous experience with the *Love Shouldn't Hurt* campaign and/or IPV? (If yes, please describe)

If you have any questions or concerns, please email jpsprevention.jspprevention@gnb.ca

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EMPLOYMENT/EDUCATION

Are you currently a student? Yes No If so, are you studying: Full-time Part-time

Are you currently employed? Yes No If so, are you working: Full-time Part-time

Please list your two most recent employers, starting with the most recent (*Note: prior work experience is not a requirement to volunteer*):

1. Organization: _____ Position: _____
Address: _____ Supervisor: _____ Phone: _____
Date of Employment (mm/yy) _____ to _____
2. Organization: _____ Position: _____
Address: _____ Supervisor: _____ Phone: _____
Date of Employment (mm/yy) _____ to _____

May we contact your previous employer(s)? Yes No

REFERENCES

Please list two people, excluding relatives, who know you well enough to provide a reference for you:

1. Name of reference: _____
Address: _____
Telephone: _____ Relationship to you: _____
2. Name of reference: _____
Address: _____
Telephone: _____ Relationship to you: _____

Please note that if accepted, you may be required to provide a criminal record check.

How did you hear about the *Love Shouldn't Hurt* Champions initiative?

Please provide a brief description of the activity/event you would engage in

We thank everyone for their application. However, only the selected candidates will be contacted.

Signature (applicant) _____ Date: _____

Parental consent (if under 19) _____ Date: _____