

Youth Buddy Volunteer Application



Welcome to the first stage of our Youth Buddy Volunteer process! Please fill out this application and email it to admin.novasark@bell.net with the subject line "Youth Buddy Volunteer". Our Youth Buddy Volunteer Program will be available for **scheduled sessions** that may occur during PA Days and school breaks/holidays from 9 a.m. - 3 p.m. This opportunity is open to individuals ages 15 (as of July 1st, 2025) and older. Thank you for your interest in Nova's Ark!

Office Use Only: **PIN #**

First Name		Last Name	
Home Address			
Town/City		Postal Code	
Telephone	Date of Birth	Email	

Provide a brief summary of why you would like to be a Youth Volunteer with Nova's Ark: *(Attach additional page if required.)*

Have you been to Nova's Ark? If yes, tell us a bit about your experience here.

Please list some prior volunteer/work experience you have in connection with individuals of varied abilities:

Please list any education interests and skills that you have below:

How active are you on a weekly basis? Please check off the one that best fits you.

☐ Very Active

☐ Active

☐ Not very active

☐ Not active

Are you comfortable being outside in all types of weather?

How long are you planning on volunteering with us?

Explain a time when you were able to advocate for your own needs, whether it be a break to eat, or you just needed time to sit and return to the activity you were doing.

What are you hoping to gain from this experience at Nova's Ark? Please explain in detail.

What do you think will be the most challenging part of volunteering?

What experience do you have working in a team environment?

REFERENCES

Reference Name	Work Experience	Reference Phone Number

I HEREBY GIVE MY PERMISSION FOR MY CHILD (UNDER THE AGE OF 18) TO PARTICIPATE IN A VOLUNTEER POSITION AT NOVA'S ARK. I REALIZE THAT THE POSITION INVOLVES WORKING IN AN OUTDOOR ENVIRONMENT. AS A RESULT, SCRATCHES, BRUISES, AND DIRT BECOME PART OF THE OVERALL EXPERIENCE. WITH TIME, MY CHILD MAY HAVE THE OPPORTUNITY TO INTERACT WITH THE THERAPY ANIMALS. I ALSO UNDERSTAND THAT PHOTOGRAPHS MAY BE TAKEN OF MY CHILD AT NOVA'S ARK. I UNDERSTAND THAT THESE PHOTOGRAPHS WILL BE USED SOLELY FOR NOVA'S ARK MEDIA PURPOSES.

Parent/Guardian's
Name: _____

Date: _____

Parent/Guardian's
Signature: _____

Applicant's Name: _____

Date: _____

Applicant's Signature: _____

Thank you for taking the time to fill out this application. Please email this completed form to our team at admin.novasark@bell.net with the subject line "Youth Buddy Volunteer". Please be patient as we will contact you to arrange an on-site visit which includes: a face-to-face interview, a working interview and basic orientation. Your efforts are greatly appreciated!

Any further comments: