

# Little Doctors Academy Society

## Youth Volunteer Application Form

Thank you for your interest in the LDA Youth Volunteer Program. We are excited to work with students who are passionate about leadership, health science, and education.

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### 1. Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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### 2. Parent / Guardian Information (Required if under 19)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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### 3. Volunteer Preference

(You may select more than one.)

Assistant Instructor

Photographer

Social Media Editor

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### 4. Availability (please list 1-4 according to your preference, leave it blank if you are not available that week)

Summer week 1: July 6-10, 2026; 13:30-15:30 (Kerrisdale Community Center)

Summer week 2 morning: July 13-16, 2026; 10:00-12:00 (Location to be confirmed, within Vancouver)

Summer week 2 afternoon: July 13-16, 2026; 14:00-16:00 (Location to be confirmed, within Vancouver)

Summer week 3: July 20-24, 2026; 10:00-12:00 (Kerrisdale Community Center)

**5. Getting to Know You**

1. Why are you interested in volunteering with Little Doctors Academy?

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2. What skills or experiences would you like to develop through this program?

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3. Do you have any previous volunteer or leadership experience?

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**6. Commitment & Expectations**

I understand that:

- Volunteer roles are supervised and supportive in nature.
- I will follow LDA’s safety and conduct policies.
- I will maintain respectful behavior toward children, staff, and fellow volunteers.
- I will not provide medical advice or independently teach.
- My volunteer hours will be recorded based on actual participation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Parent / Guardian Consent (For Applicants Under 18)**

I give permission for my child to participate in the LDA Youth Volunteer Program and understand that volunteer activities are supervised by authorized LDA representatives.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. For Office Use Only**

Application Reviewed By: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Decision By: \_\_\_\_\_ (Approved / Waitlisted/ Rejected: reason \_\_\_\_\_)