

# VOLUNTEER APPLICATION

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

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Current job responsibilities and schedule: \_\_\_\_\_

\_\_\_\_\_

Previous work experience: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Special interests, hobbies and skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Can you make a one-year commitment to this volunteer role? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have liability insurance? (List policy limits and name of carrier) \_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer as a worker with youth?

\_\_\_\_\_

\_\_\_\_\_

What qualities do you have that would help you work with youth?

\_\_\_\_\_

\_\_\_\_\_

How were you parented as a child? \_\_\_\_\_

If you are the parent of teenagers, how do you discipline them? \_\_\_\_\_

Have you ever been charged with, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)?  No  Yes  
If yes, please explain fully:

Have you ever been exposed to an incident of abuse of a teenager?  No  Yes

If yes, how did you feel about the incident? \_\_\_\_\_

Would you be available for periodic volunteer training sessions?  No  Yes

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each.  
References are confidential.

1. Name: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date