



YOUTH VOLUNTEER APPLICATION

DATE: _____

NAME: _____
 LAST INITIAL GIVEN

ADDRESS: _____

_____ POSTAL CODE: _____

PHONE: (HOME) _____ (ALTERNATE PHONE) _____

EMERGENCY MEDICAL INFORMATION CARD

VOLUNTEER NAME:			
HEALTH CARD #: (optional):			
ALLERGIES:			
FAMILY DOCTOR:		TELEPHONE:	
EMERGENCY CONTACT:			
NAME:			
RELATIONSHIP:			
TELEPHONE:			

AVAILABILITY

POTENTIAL START DATE: _____

PLEASE SPECIFY BEST DAYS FOR VOLUNTEER WORK (circle all that apply):

M T W T F

TIMES AVAILABLE: (PLEASE CIRCLE)

DAYS EVENINGS WEEKENDS/SPECIAL EVENTS

HOW LONG DO YOU PLAN TO VOLUNTEER? _____



EDUCATION/EXPERIENCE

VOLUNTEER EXPERIENCE

VOLUNTEER ROLES

WHAT ARE YOUR MAIN INTERESTS IN VOLUNTEERING? (Working with youth, after-school program, fundraising, committee work, etc.)

Are there any restrictions you wish to advise us about your volunteering?

REFERENCES

PLEASE PROVIDE THE NAMES OF TWO PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR MORE THAN ONE YEAR FOR REFERENCE PURPOSES:

	<u>NAME</u>	<u>TELEPHONE #</u>	<u>ORGANIZATION</u>
1)	_____	_____	_____
2)	_____	_____	_____

ALL INFORMATION CONTAINED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

VOLUNTEER SIGNATURE: _____ DATE: _____