



Volunteer Application

What Program do you want to volunteer with:	
Community Youth Center	
Guardian Ad Litem	
Summer Food Program	
I. Personal Information	
Last Name: First Name:	M.I
Address:	_ Phone:
Emergency Contact:	Phone:
Have you ever been convicted of a crime? If so, please explain:	
Current Employer: Position:	
Student (Grade? What school?):	
II. History	
Why would you like to volunteer for our After School Program?	
Have you volunteered with us before? (If yes, please explain.)	
Are you interested in becoming a regular volunteer for our agency?	
III. Interests: Which of the following would be interested in? (Please circle.)	
Tutoring: What subjects?	What grades?
Mentoring: What ages? Academic's or life skills? _	
Field Trips Assistant: Other? (Please explain.)	

IV. Availability - Please	mark each time period t	hat you are available to volu	nteer.
<u>Day</u>	From:	<u>To:</u>	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Frequency (Check all the	at apply): Daily W	eekly Monthly O	ther
V. Other Questions 1. What is your motivati	on for becoming a volunt	teer at the Community Youtl	ı Center?
2. What type of experien	ce do you have working a	as a volunteer? (Please provi	de details)
3. What motivates you a	s a volunteer?		
4. What kind of work wo	ould be ideal for your ow	n personal growth?	
5. How do you feel about	t working with low-incon	ne families?	
VI. References – (Please	provide at least three of	the following references)	
Professional or Teacher:	<u>.</u>		
Full Name			Phone
Address		City	
Employer:			
Full Name			Phone
Address		City	

Church/Civic Group (Optional):	
Full Name	Phone
Address	City
Personal:	
Full Name	Phone
Address	City