



Volunteer Application

CONTACT INFORMATION

Name		Birth date:	
Address		City/State/Zip	
Phone: Home - -	Work - -	Cell - -	
Preferred Email:			
Are you presently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where?	
Occupation		Employer	
Preferred method of contact:			

PROGRAM INTERESTS

I am interested in volunteering with/learning more about...

(Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Camp Sunrise | <input type="checkbox"/> YouthLEAD |
| <input type="checkbox"/> Young Women's Mentoring Program | <input type="checkbox"/> Internship Opportunities |
| <input type="checkbox"/> Helping with Special Events | <input type="checkbox"/> One-day service opportunities |
| <input type="checkbox"/> Serving on the Board/Policy Committees | <input type="checkbox"/> Other |

	Volunteer Opportunity Preference(s)						
	M	T	W	Th	F	Sat	Sun
Time(s) Available							
Program Preference(s)							

NOTE: Weekday YouthCARE programming takes place from 4:30PM-6:30PM.

PERSONAL PROFILE QUESTIONS

1. Have you ever been employed by or volunteered for YouthCARE before? If yes, please explain.
2. Please describe any other **volunteer experience** you have.
3. What experience and/or skills do you have that involve **working with youth**?
4. What experience do you have working with **diverse populations**?
5. Do you speak any **languages** other than English? If yes, which ones?
6. Why are you interested in volunteering with YouthCARE?
7. Is there anything else you would like to tell us about yourself?

REFERENCES

Please provide complete information for three personal, non-family references. If you do not have an email address, please provide a **complete** mailing address.

1. Name:	Relationship:
Email address:	Phone: - -
2. Name:	Relationship:
Email address:	Phone: - -
3. Name:	Relationship:
Email address:	Phone:

EMERGENCY CONTACT INFORMATION

Please provide two contacts. At least one should be local.

1. Name:	Relationship:
Phone: - -	Alternate Phone: - -
2. Name:	Relationship:
Phone: - -	Alternate Phone: - -

DRIVER INFORMATION AND CRIMINAL HISTORY

1. Do you possess a valid driver's license? Yes No

2. Do you have access to a reliable vehicle? Yes No

3. Please describe any aspects of your driving history that might prohibit you from driving for YouthCARE purposes.

4. Have you ever been convicted of a crime (other than minor traffic violations)? Yes No

** Having a criminal history does not immediately disqualify an applicant from volunteering.*

If yes, please explain.

5. Do you currently have criminal charges pending against you? Are you presently under investigation for possible criminal charges?

If yes, please explain.

VOLUNTEER AGREEMENT

I understand that:

- This application does not obligate YouthCARE to select me as a volunteer, nor does it oblige me to perform any volunteer service.
- All information gathered by YouthCARE in the application process is used solely for YouthCARE purposes and will not be shared with outside parties without the applicant's consent.
- I will be required to pass a child protection background check if my volunteer duties require me to work directly with youth.
- I give my consent for YouthCARE to conduct a background check on me.
- I understand that as the subject of a background check, my rights include:
 - To be informed that YouthCARE will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and
 - To be informed of the BCA's response and obtain a copy of the report from YouthCARE, and
 - To obtain from the BCA any record that forms the basis for the report, and
 - To challenge the accuracy and completeness of any information contained in the report, and
 - To be informed whether YouthCARE has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.
- I will be required to pass a motor vehicle record check if my volunteer duties require me to drive YouthCARE program participants.
- If accepted, I am required to attend all mandatory trainings associated with my volunteer position and complete all necessary paperwork.
- The references I listed may be contacted by telephone or email.

Please type your full name:

Date:

If submitting electronically, please check this box to indicate you have read and understand the previous statements:

Please return via U.S. Mail, email (dplunkett@youthcaremn.org), or fax to YouthCARE (612/338-6904)
2701 University Ave SE Suite 205, Minneapolis, MN 55414
Questions? Call YouthCARE at 612/338-1233