



Volunteer Application Form

Name		Date of Birth
Address		
Home Phone	Work Phone	Cell Phone
E-mail address:		
Are you presently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		
Occupation	Employer	
Supervisor's Name	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been employed by or volunteered for YouthCARE before? If yes, please describe.

Please describe any other volunteer experience.

What experiences and/or skills do you have that involve working with youth?

Why are you interested in volunteering with YouthCARE?

Please provide **complete** information for three personal, non-family references.

Name		Relationship	
Address			
Home Phone	Work or Cell phone		E-mail address

Name		Relationship	
Address			
Home Phone	Work or Cell phone		E-mail address

Name		Relationship	
Address			
Home Phone	Work or Cell phone		E-mail address

Emergency contact information:

Name		Relationship	
Address			
Home Phone	Work or Cell phone		

Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Class _____ Number _____			
Please describe your motor vehicle driving record and history.			

Have you ever been convicted of a crime (other than traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.	

Is there anything else you would like to tell us about yourself?	
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Signature _____ Date _____