

Teen Volunteer Application



Contact Information

Name	
Street Address	
City State ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Expected year of graduation	

Availability

During which hours are you available for volunteer assignments?

- Weekday afternoons Saturday mornings
 Weekday evenings Saturday afternoons

Which Days? (circle)

M T W R F

Interests

Tell us in which areas you are interested in volunteering.

- Teen Advisory Board
 Library Cleaning
 Craft Preparation
 Assist with Programs
 Community Garden

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. **Please remember: If you are chosen to volunteer, we are counting on you to fulfill the tasks we have trusted you with!**

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Hours	Task	Comments	Staff Initials
1			
2			
3			
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